## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000068929

Entity Name: GUM HOMES, INC.

FILED Feb 02, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1323 CAPE CORAL PKWY., EAST 12651 MCGREGOR BOULEVARD CAPE CORAL, FL 33904

SUITE 1-101

FORT MYERS, FL 33919

**Current Mailing Address: New Mailing Address:** 

1323 CAPE CORAL PKWY., EAST 12651 MCGREGOR BOULEVARD

CAPE CORAL, FL 33904 SUITE 1-101

FORT MYERS, FL 33919

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHUTT, DATTIN R SCHUTT, DARRIN R

1105 CAPE CORAL PKWY., EST, SUITE C 1105 CAPE CORAL PKWY., EST, SUITE C

CAPE CORAL, FL 33904 CAPE CORAL, FL 33904

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DARRIN R. SCHUTT 02/02/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition ( ) Delete Title:

HOCKE, GUENTER Name: Name: HOCKE, GUENTER

1323 CAPE CORAL PKWY., EAST 12651 MCGREGOR BOULEVARD, STE 1-101 Address: Address:

City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: FORT MYERS, FL 33919

VD Title: VD Title: () Delete (X) Change ( ) Addition

Name: HOCKE, UTE Name: HOCKE LITE

1323 CAPE CORAL PKWY., EAST 12651 MCGREGOR BOULEVARD, STE. 1-101 Address: Address:

FORT MYERS, FL 33919 City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip:

Title: (X) Change ( ) Addition Title: STD ( ) Delete STD

HOCKE, MARCO HOCKE, MARCO Name: Name:

1323 CAPE CORAL PKWY., EAST 12651 MCGREGOR BOULEVARD, STE 1-101 Address: Address:

City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUENTER HOCKE PD 02/02/2006