

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1012

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 NOV -3 AM 10: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000070672

1. Corporation Name

HLF Homes, Inc.

2. Principal Office Address

1614 Woodbay Court

Suite, Apt. #, etc.

3. Mailing Office Address

1614 Woodbay Court

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34744

Country

U.S.A.

Zip

34744

Country

U.S.A.

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

April 26, 2004

5. FEI Number

81-0649052

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Henry L. Font

Street Address (P.O. Box Number is Not Acceptable)

1614 Woodbay Court

Suite, Apt. #, Etc.

City

Kissimmee

State
FL

Zip Code

34744

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/30/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T/D	Henry L. Font	1614 Woodbay Court	Kissimmee, FL 34744

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Henry L. Font

10-30-2006

407-947-0175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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HLF
HOMES,
INC.

October 30, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Corporation Reinstatement
Doc. # P04000070672

Gentlemen:

As instructed to I am attaching the "Corporate Reinstatement" form and a check for three hundred eight dollars with seventy-five cents (\$308.75).

I am requesting that the Reinstatement fee be waived since due to address change the annual report notices were not received. A representative of your office stated that a certified mail notification was returned without receipt.

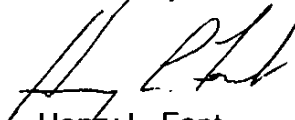
The breakdown for the attached check number 1054 is as follows:

1.	Annual Report Fee 2005	\$ 61.25
2.	Annual Report Fee 2006	\$ 61.25
3.	Corp. Supplemental Fee 2005	\$ 88.75
4.	Corp. Supplemental Fee 2006	\$ 88.75
5.	Certificate of Status Fee	\$ 8.75

Total **\$308.75**

If you need more information, please call us at 407-947-0175. Thank you for your kind attention.

Yours truly,



Henry L. Font
President