

2006 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

06 MAY 31 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

05-06

| | | | | | |
|--|--|---------|--|--|--|
| DOCUMENT # P04000130066 1. Entity Name UNITY HOMES, INC. | | | | | |
| Principal Place of Business 115 WOODD BINE LANE HAWTHORNE, FL 32640 | | | Mailing Address 115 WOODD BINE LANE HAWTHORNE, FL 32640 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WILLIAMS, RUFUS 115 WOODD BINE LANE HAWTHORNE, FL 32640 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | FL Zip Code | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$300.00 | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, RUFUS D <input type="checkbox"/> Delete 115 WOODD BINE LANE HAWTHORNE, FL 32640 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100076159161 06/13/06--01045--016 **\$300.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, JERIOUS R <input type="checkbox"/> Delete 115 WOODD BINE LANE HAWTHORNE, FL 32640 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLINTON, SHAKESA <input type="checkbox"/> Delete 115 WOODD BINE LANE HAWTHORNE, FL 32640 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Rufus D. Williams</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4/28/06 (352) 266 7728 <small>Date Daytime Phone #</small> | | |

April 28, 2006

Rufus Williams
Unity Homes, Inc.
115 Wood Bine Lane
Hawthorne, Fl 32640


Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: Reinstatement of Business

To Whom It May Concern:

We would like to be Waive from all late fees for Unity Homes, Inc. due to the fact that the information was sent to the wrong mailing address; therefore we never received any information of the fees that needed to be paid. The document Number is P04000130066 Enclosed you will find a check for the amount of \$211.25 to reinstate my business. Thank you for your support at this time. If you need any additional information please feel free to call me Rufus Williams at 352-266-7728 or write at the address above.

Sincerely Yours,



Rufus Williams
Owner