


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 OCT 11 AM 7:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**  **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P05000006809  
1. Corporation Name **Wendell Homes, Inc.**

2. Principal Office Address - No P.O. Box # <b>3712 Berenstain Drive</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>3712 Berenstain Drive</b> Suite, Apt. #, etc.	
City & State <b>St. Augustine FL</b>		City & State <b>St. Augustine FL</b>	
Zip <b>32092</b>	Country <b>USA</b>	Zip <b>32092</b>	Country <b>USA</b>

**REINSTATEMENT** 06-07  
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida **01/12/2005**

5. FEI Number **20-2158524** 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 **Charles Wendell, Jr.**

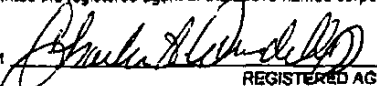
Street Address (P.O. Box Number is Not Acceptable)  
**60 West Avenue**

Suite, Apt. #, Etc.

City **St. Augustine** State **FL** Zip Code **32084**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of Registered Agent  Date **10/5/07**

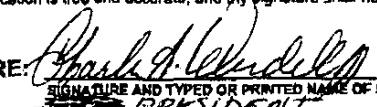
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Charles Wendell, Jr.	60 West Avenue	St. Augustine, FL 32084
V	Jason Wendell	3712 Berenstain Drive	St. Augustine, FL 32092
ST	Shannon Wendell	3712 Berenstain Drive	St. Augustine, FL 32092

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10/11/07--01047--018 \*\*300.00

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 807 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 807.0401 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:  **Charles Wendell, Jr.** Date **10/5/07** Daytime Phone # **904-827-9276**

~~THE PRESIDENT~~

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