

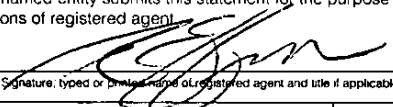
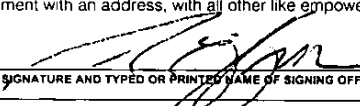


## 2006 FOR PROFIT CORPORATION REINSTATEMENT

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # P05000012589</b><br>1. Entity Name<br><b>STAGED HOMES OF CENTRAL FLORIDA, INC.</b>   |   |   |   |                |  |
| Principal Place of Business<br><b>5106 LEEWARD WAY<br/>ORLANDO, FL 32809</b>   |   | Mailing Address<br><b>5106 LEEWARD WAY<br/>ORLANDO, FL 32809</b>  |   |   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |   |  |
| City & State   |   | City & State  |   | 4. FEI Number<br><b>20-2428002</b>  |  |
| Zip  |   | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| Applied For<br><input type="checkbox"/> Not Applicable   |   | <br><b>REINSTATEMENT 2006</b> |   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>EFFRON, RHONDA<br/>5106 LEEWARD WAY<br/>ORLANDO, FL 32809</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>State: <b>FL</b> Zip Code: |   |  |
| 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.  |   |   |   |   |  |
| SIGNATURE: <br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   |   | DATE: <b>11/07/06</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |   |  |
| <b>FILE NOW!!! FEE IS \$750.00<br/>After January 1, 2007, Fee will be \$900.00</b>   |   |   |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>EFFRON, RHONDA<br>5106 LEEWARD WAY<br>ORLANDO, FL 32809      | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 600081770106<br>11/14/06--01065--012 **\$750.00                   |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | DATE: <b>11/07/06</b> Daytime Phone #: <b>407 234 1329</b>  |   |  |