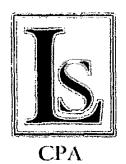
2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000077413 FILED MAYFLOWER HOMES, INC. 07 JAN -8 PM 2: 30 Principal Place of Business Mailing Address 4132 SW 16TH AVENUE 4132 SW 16TH AVENUE OKEECHOBEE, FL 34974 OKEECHOBEE, FL 34974 US US 2. Principal Place of Business 3. Mailing Address 010520074 REIN-P CR2E098 (11/05) CC-07 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMS, LAURA K Street Address (P.O. Box Number is Not Acceptable) 223 S. PARROTT AVENUE OKEECHOBEE, FL 34974 Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$900.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BEXON, PHILIP S NAME NAME STREET ADDRESS 4132 SW 16TH AVENUE STREET ADORESS OKEECHOBEE, FL 34974 CITY-ST-ZIP CITY-ST-ZIP TITLE VPD ☐ Delete TITLE BEXON, JULIE NAME NAME STREET ADDRESS 4132 SW 16TH AVENUE STREET ADDRESS CITY-ST-ZIP OKEECHOBEE, FL 34974 CITY-ST-ZIP 700084094987^{D.Addition} 01/12/07--01003--024 **150.00 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete □ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attacking if with an address, with all other like empowered. PEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO Daytime Phone



Laura K. Sims, CPA 203 S.E. 2nd Avenue Okeechobee, Florida 34974 Phone (863)467-3000 Fax (863) 467-3002

To:

Sean Toner

From:

Rebecca Johnson

Date:

January 5, 2007

Re:

Mayflower Homes, Inc.

Sean,

I am sending a check to you for one hundred and fifty dollars for the reinstatement for Mayflower Homes, Inc., and also a copy of the 2007 for Profit Corporation Reinstatement form that you requested. We were unable to receive the notice in the mail last year, but I have looked over our information and I have checked over and updated as needed. Thank you for helping us resolve this issue. If there are any further questions you may call us at (863) 467-3000.

Rebecca