

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 MAY 11 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000083435

1. Corporation Name

CHRIS MCCORQUODALE HOMES INC

2. Principal Office Address - No P.O. Box #

918 S WASHINGTON AVENUE

3. Mailing Office Address

3615 AURANTIA ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TITUSVILLE, FL

City & State

MIMS, FL

Zip

32780

Country

BREVARD

Zip

32754

Country

BREVARD

600155774426  
05/11/09--01042--018 \*\*458.75

REINSTATEMENT 07-09

4. Date Incorporated or Qualified  
To Do Business in Florida

06/09/2005

5. FEI Number  
113751845

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

SHANNON RUBIN

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

131 HARRISON STREET

Suite, Apt. #, Etc.

City

TITUSVILLE

State

FL

Zip Code

32780

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 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 04/28/2009

REGISTERED AGENT MUST SIGN

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	CHRISTOPHER MCCORQUODALE	3615 AURANTIA ROAD	MIMS, FLORIDA 32754

0513

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:

CHRIS MCCORQUODALE

04/28/2009

321-225-1775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #