PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

18 MAY 25 AM 1:10

CORPORATION REINSTATEMENT 2009-2018

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000148839

1. Corporation Name

ND Homes, Inc

2. Principal Office Address - No P O Box #	3. Mailing Office Address
1990 Main St	3547 53rd Ave W
Suite, Apt. #, etc. Suite 750	Suite, Apt. #, etc. Unit 190
City & State Sarasota, FL	City & State Bradenton, FL
Zip 34236 Country USA	Zip 34210 Country USA

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05/23/18--01018--001 **2108.75

4. Date Incorporated or Qualified To Do Business in Florida 11/08/2005

5. FEI Number 20-3752790 ☐ 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: Joseph Colyer

Street Address (P.O. Box Number is Not Acceptable): 1990 Main St

Suite, Apt. #, Etc.: Suite 750

City: Sarasota State: FL Zip Code: 34236

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 05/15/2018

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
PST	JOSEPH A. COLYER	1990 MAIN ST - SUITE 750	SARASOTA, FL 34236

10. E-mail Address: LJSarasota@gmail.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: _____ JOSEPH A. COLYER 05/15/2018 941-960-6128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. ASHTON