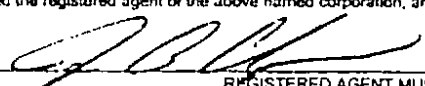
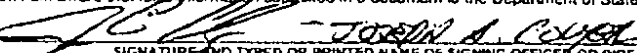


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

18 MAY 25 AM 1:10

CORPORATION REINSTATEMENT 2009-2018		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		100313855931 05/23/18--01018--001 **2108.75	
DOCUMENT # P050000148839					
1. Corporation Name ND Homes, Inc					
2. Principal Office Address - No P.O. Box # 1990 Main St		3. Mailing Office Address 3547 5340 Ave W			
Suite, Apt. #, etc. Suite 750		Suite, Apt. #, etc. Unit 190		4. Date Incorporated or Qualified To Do Business in Florida 11/08/2005	
City & State Sarasota, FL		City & State Bradenton, FL		5. FEI Number 20-3752790	
Zip 34236	Country USA	Zip 34210	Country USA	6. CERTIFICATE OF STATUS DESIRED ☒ 58.75 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: LJ.SARASOTA@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: 				Date 05/15/2018 9:40:41Z	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

K. ASHTON