

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000089782

Entity Name: NEW ERA HOME BUILDERS INC

FILED  
May 13, 2009  
Secretary of State

## Current Principal Place of Business:

87 PINE COURSE  
OCALA, FL 34472

## New Principal Place of Business:

611 NW 117 CT  
OCALA, FL 34482

## Current Mailing Address:

3 BAHIA PASS PL  
OCALA, FL 34472

## New Mailing Address:

611 NW 117 CT  
OCALA, FL 34482

FEI Number: 20-5410738

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CHARLEMAGNE, FELIX R  
3 BAHIA PASS PL  
OCALA, FL 34472 US

## Name and Address of New Registered Agent:

CHARLEMAGNE, FELIX R  
611 NW 117 CT  
OCALA, FL 34482 US

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.

SIGNATURE: FELIX CHARLEMAGNE

05/13/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: CHARLEMAGNE, FELIX R  
Address: 87 PINE COURSE  
City-St-Zip: OCALA, FL 34472

Title: S,VP ( ) Delete  
Name: CHARLEMAGNE, DAWN M  
Address: 87 PINE COURSE  
City-St-Zip: OCALA, FL 34472

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: CHARLEMAGNE, FELIX R  
Address: 611 NW 117 CT  
City-St-Zip: OCALA, FL 34482

Title: S,VP (X) Change ( ) Addition  
Name: CHARLEMAGNE, DAWN M  
Address: 611 NW 117 CT  
City-St-Zip: OCALA, FL 34482

Title: VP ( ) Change (X) Addition  
Name: POLEON, GERALD MR  
Address: P O BOX 8045  
City-St-Zip: LAKELAND, FL 33802

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELIX CHARLEMAGNE

PT

05/13/2009

Electronic Signature of Signing Officer or Director

Date