

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000057301

1. Entity Name  
MSB HOMES, INC.



Principal Place of Business  
~~25671 NW 173RD AVENUE~~  
HIGH SPRINGS, FL 32643

Mailing Address  
~~25671 NW 173RD AVENUE~~  
HIGH SPRINGS, FL 32643

2. Principal Place of Business - No P.O. Box #  
162 SW 145TH DRIVE  
Suite, Apt. #, etc.  
#10

3. Mailing Address  
162 SW 145TH DRIVE  
Suite, Apt. #, etc.  
#10

City & State  
NEWBERRY, FL  
Zip  
32669 Country  
ALACHUA

City & State  
NEWBERRY, FL  
Zip  
32669 Country  
ALACHUA



REINSTATEMENT 08

4. FEI Number  
26-0275552 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAHAM, MARIA S  
25671 NW 173RD AVENUE  
HIGH SPRINGS, FL 32643

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
162 SW 145TH DRIVE, #10  
City  
NEWBERRY FL Zip Code  
32669

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After January 1, 2009, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAHAM, MARIA S 25671 NW 173RD AVENUE HIGH SPRINGS, FL 32643	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRAHAM, JOHN C JR 25671 NW 173RD AVENUE HIGH SPRINGS, FL 32643	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	162 SW 145TH DRIVE, #10 NEWBERRY, FL 32669	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	162 SW 145TH DRIVE, #10 NEWBERRY, FL 32669	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300138372963 12/02/08--01024--012 ***150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: Maria S. Braham 11/26/08 352 4942407  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #