PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 OCT 21 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 36636

1. Corporation Name

First Home Development Corp.

2. Principal Office Address		3. Mailing Office Address	
1312 Sioux Street		P. O. Box 2253	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Dothan, AL		City & State: Dothan, AL	
Zip: 36303	Country: Houston	Zip: 36302	Country: Houston

4. Date Incorporated or Qualified To Do Business in Florida: 12/09/1991

5. FEI Number: 631051854 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Jim Guerino

900008799823
11/05/02--01028--004 **750.00

Street Address (P.O. Box Number is Not Acceptable): 1981 Capital Circle, N.E.

Suite, Apt. #, Etc.:

REINSTATEMENT 02

City: Tallahassee | State: FL | Zip Code: 32308

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: James R. Guerino Date: 10/10/02
REGISTERED AGENT MUST SIGN

CR2E081 (5/01)

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
Pres/Dir.	Thomas F. Leonard	707 N. Pontiac Ave.	Dothan, AL 36303
V/Pres.	Sandy Yates	1981 Capital Circle, N.E.	Tallahassee, FL 32308
Sec.Tres.	Thomas F. Leonard	707 N. Pontiac Ave.	Dothan, AL 36303
Dir.	Richard Yates	1981 Capital Cir., N.E.	Tallahassee, FL 32308
Dir.	Wynell Leonard	707 N. Pontiac Ave.	Dothan, AL 36303

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 under section 119.07(3)(i), 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: Thomas F. Leonard oct 9 2002 334-793-3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #