

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

00 DEC 18 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000006139

**1. Corporation Name**

LIBERTY HOMES CONSTRUCTION OF  
S.W. FLORIDA, INC.

**2. Principal Office Address**

950 N. COLLIER BLVD.

Suite, Apt. #, etc.

SUITE 301

City & State

MARCO ISLAND, FL

Zip

34145

Country

U.S.A.

**3. Mailing Office Address**

950 N. COLLIER BLVD.

Suite, Apt. #, etc.

SUITE 301

City & State

MARCO ISLAND, FL

Zip

34145

Country

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1-21-93

**5. FEI Number**

65-0384127

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

GERHARD PELZER

Street Address (P.O. Box Number is Not Acceptable)

837-B PALM STREET

Suite, Apt. #, Etc.

City

MARCO ISLAND

State

FL

Zip Code

34145

**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

REGISTERED AGENT MUST SIGN

Date

12/11/00

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| PRES   | GERHARD PELZER                       | 837-B PALM STREET                                 | MARCO ISLAND, FL 34145 |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

REINSTATEMENT 2000

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PELZER

12/11/00

Date

941 642 2288

Daytime Phone #