PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
98 JUL 20 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000024757

1. Corporation Name
FLOWERS Pointe Homes, Inc.

Principal Place of Business	Mailing Address
5359 SW. 99th Ave JASPER, Fl 32052	PO Box 1270 JASPER, Fl 32052

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

[redacted]

REINSTATEMENT 90-98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
5359 SW. 99th Ave	P.O. Box 1270
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JASPER Fl.	City & State: JASPER Fl 32052
Zip: 32052 Country: Hamiliton	Zip: 32052 Country: Hamilton.

4. Date Incorporated or Qualified To Do Business in Florida: 4/5/93

5. FEI Number: 59-3174763 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres/ DIR/Sec/Treas.	ROBERT Jennings	5359 Sw 99th Ave.	JASPER Fl 32052

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7-21-98

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ROBERT Jennings 5359 SW. 99th Ave. JASPER, Fl 32052	Name: ROBERT Jennings Street Address (P.O. Box Number Is Not Acceptable): 5359 SW. 99th Ave Suite, Apt. #, Etc.: City: JASPER State: FL Zip Code: 32052

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 7-9-98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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] 7-9-98 904-792-2452