PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC 19 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 1996
mwB

DOCUMENT # P93000062559

1. Corporate Name
Exquisite Homes, Inc.

Principal Place of Business / Mailing Address
17445 S.W. 13th St.
Pembroke Pines, Fl 33029

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 9-8-93

5. FEI Number: 65-0434654 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
pres	Frank T. DeLucas	11431 N.W. 18th St.	Plantation, Fl 33323

700002033277--8
-12/27/96--01054--025
******8.75 ******8.75

700002033277--8
-12/27/96--01054--026
****375.00 ****375.00

8. Name and Address of Current Registered Agent
Frank T. DeLucas
11431 N.W. 18th St
Plantation, Fl 33323

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City / State: FL / Zip Code

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: _____ (REGISTERED AGENT MUST SIGN) Date: 12-12-96

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 do hereby certify that the information supplied with this filing is presently furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I f
taxes the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access
certify that I am an officer or director of the corporation 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 th
this reinstatement application this reason for reinstatement has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that
fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if ma
under oath.

SIGNATURE: _____ 12-12-96
SIGNATURE AND TITLE OF FLORIDA BANK OF DIRECTOR OR INCORPORATOR — Date — Daytime Phone #

12/12/96 11:23 CEC/PHLBFS 904 222 0393 002