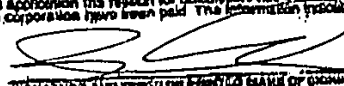


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		96 DEC 19 AM 11:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 1996 mwb	
DOCUMENT #		p930000 62559			
1. Corporation Name		Exquisite Homes, Inc.			
Principal Place of Business		Mailing Address			
17445 S.W. 13 th St.		Pembroke Pines, FL 33029			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable		4. Date incorporated or qualified to do business in Florida	
City, Apt. #, etc.		City, Apt. #, etc.		9-8-93	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0434654	
Country		Country		Applied For	
				Not Applicable	
				CERTIFICATE OF STATUS DETERMINED ☒	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1. Name(s)	2. Name of Officer and/or Director	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
FRS	Frank T. Delucas	11431 N.W. 18 th St.	Plantation, FL 33323		
			7000002039277-8		
			-12/27/96--01054--025		
			*****8.75 *****8.75		
			7000002039277-8		
			-12/27/96--01054--025		
			*****375.00 *****375.00		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Frank T. Delucas			Name		
11431 N.W. 18 th St			Street Address (P.O. Box Number is Not Acceptable)		
Plantation, FL 33323			City, Apt. #, Etc.		
			City		
			FL Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0205, F.S.					
Signature of Registered Agent			Date 12-12-96		
REGISTERED AGENT MUST SIGN					
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 true and correct and does not constitute for the presumption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the Division of Corporations from any liability of non-compliance with Section 110.07(3)(a) in the event that the information supplied is deemed accurate from public access tests that I am an officer or director of the corporation or trustee empowered to execute this application as provided for in Chapter 607 or 617, F.S. I further certify that when this reinstatement application is processed the corporation has been reinstated, the corporate name satisfies the requirements of Section 607.0401 or 617.0401, F.S., and that the fees owed by the corporation have been paid. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: 			Date 12-12-96		
SIGNATURE AND TITLE OF OFFICER OR DIRECTOR			Date		