PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 95-96

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 NOV -7 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000061211

1. Corporation Name
AMERICAN DREAM HOMES OF BREVARD, INC

Mailing Address	Principal Place of Business
385 PINEDA CT STE 204 MELBOURNE, FL 32940	385 PINEDA CT. STE 204 MELBOURNE, FL 32940

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable	3. New Principal Office Address, if Applicable
P.O. BOX 362312	973 N HARBOR CITY BLVD
Suite, Apt. #, etc	Suite, Apt. #, etc.
City/State MELBOURNE, FL	City/State MELBOURNE, FL
Zip 32936 Country U.S.A.	Zip 32935 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 8/19/84

5. FEI Number [X] 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
P/D	ROBERT E. POINDEXTER	2545 BURNS AVE	MELBOURNE, FL

700002000567--7
-11/08/96--01077--001
*****525.00 *****525.00

REINSTATEMENT 95-96

G. Mann

8. Name and Address of Current Registered Agent

CURTIS R. MOSLEY
1221 E. NEW HAVEN AVE
MELBOURNE, FL 32901

9. Name and Address of New Registered Agent 11-7-96

Name: ROBERT E. POINDEXTER
Street Address (P.O. Box Number is Not Acceptable): 973 N HARBOR CITY BLVD
Suite, Apt. #, Etc:
City: MELBOURNE State: FL Zip Code: 32935

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0503, F.S.

Signature of Registered Agent [signature] REGISTERED AGENT MUST SIGN Date 11/6/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [ ] (See other side for additional information.)

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

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all 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 made under oath.

SIGNATURE: [signature] 11/6/96 407-259-6563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #