Florida Department of State

Division of Corporations

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Division of Corporations
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CORPORATION REINSTATEMENT
FIELDSTONE HOMES, INC.

Certificate of Status	1
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TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # P95000019756

1. Corporation Name
FIELDSTONE HOMES, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
828 Woodbine Drive	828 Woodbine Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Merritt Island, FL	City & State: Merritt Island, FL
Zip: 32952 Country: US	Zip: 32952 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 03/02/1995

5. FEI Number: 59-3298033 ☐ 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: J. Patrick Anderson

Street Address (P.O. Box Number is Not Acceptable): 2200 Front Street

Suite, Apt. #, Etc.: Suite 301

City: Melbourne State: FL Zip Code: 32901

REINSTATEMENT

10-11 RH

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 _____ Date 8/17/11
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	Beyer, Richard E. Jr.	828 Woodbine Drive	Merritt Island, FL 32952

10. E-mail Address: _____
(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 8/17/11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #