


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED 93 AUG -5 PM 12:14 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
APPLICATION FOR REINSTATEMENT DOCUMENT # <u>PA5000023585</u>			
1. Corporation Name <u>Athena Homes, Inc.</u>			
Principal Place of Business <u>15601 SW 46 Ave Rd.</u> <u>Ocala, Fla, 34473</u>		Mailing Address _____	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____	
		4. Date Incorporated or Qualified To Do Business in Florida <u>1998</u>	
		5. FEI Number <u>59-329-6904</u>	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
AS.D.	Ronald E. Dwyer	15601 SW 46 Ave Rd.	Ocala, Fla, 34473
V.P.T.D.	Debra A. Dwyer	15601 SW 46 Ave Rd.	Ocala, Fla, 34473
8. Name and Address of Current Registered Agent <u>Ronald E. Dwyer P.S.D.</u> <u>15601 SW 46 Ave Rd.</u> <u>Ocala, Fla, 34473</u>		9. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc. _____ City _____ State <u>FL</u> 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 <u>Ronald E. Dwyer</u> Date <u>11-10-98</u> REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (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 in 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. 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: <u>Ronald E. Dwyer</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>11-10-98</u> <u>352-3477028</u> Date Daytime Phone #	

CR2E040 (1/98)