

P95000035572

LIVINGSTON, PATTERSON, STRICKLAND & WEINER, P. A.
ATTORNEYS AT LAW

40 NORTH WASHINGTON BOULEVARD, SUITE 100
SARASOTA, FLORIDA 34236

HAROLD M. LIVINGSTON
JOHN PATTERSON
JOHN W. STRICKLAND
NEENA A. WEINER
VICTOR W. WEINER
HELA A. WITEN

95 MAY -1 1995
FILED
TELEPHONE (813) 365-1150
TELECOM (813) 365-0822
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April 28, 1995

Secretary of State
Division of Corporations
New Filings
P.O. Box 6327
Tallahassee, FL 32314

ENCLOSURE 14 202 11
05/01/95- 01102-015
***122.50 ***122.50

Re: GALLERY OF NEW HOMES, INC.

Dear Sir or Madam:

We are enclosing Articles of Incorporation for the subject corporation together with our firm check in the amount of \$122.50 to cover the following fees:

- \$ 35.00 - Filing Fee
- 52.50 - One Certified Copy
- 35.00 - Registered Agent

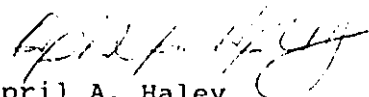
Once the Articles have been filed, please return a certified copy of the Articles together with your letter of acknowledgement to me in the enclosed self-addressed, stamped envelope.

If there is a problem with the enclosed filing, please contact me.

Thank you for your assistance in this matter.

Very truly yours,

LIVINGSTON, PATTERSON,
STRICKLAND & WEINER, P.A.


April A. Haley
Corporate Legal Assistant

u:\letters\letter.ld4

AKS-5

FILED
95 MAY -1 PM 4:03
TALLAHASSEE
FLORIDA

ARTICLES OF INCORPORATION OF
GALLERY OF NEW HOMES, INC.

Article I - Name

The name of this corporation is Gallery of New Homes, Inc.

Article II - Capital Stock

This corporation is authorized to issue 10,000 shares of common stock.

Article III - Mailing Address and Principal Office

The mailing address and principal office of the corporation is 46 N. Washington Blvd., #1, Sarasota, FL 34236.

Article IV - Initial Registered Office and Agent

The street address of the initial registered office of this corporation is 46 North Washington Blvd., #1, Sarasota, FL 34236 and the name of the initial registered agent of this corporation at that address is John Patterson.

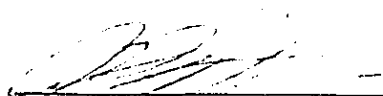
Article V - Initial Board of Directors

This corporation shall have one director initially. The number of directors may be either increased or diminished from time to time by the bylaws. The name and address of the initial director of this corporation is John Patterson, 46 North Washington Blvd., #1, Sarasota, FL 34236.

Article VI - Incorporator

The name and address of the person signing these Articles is John Patterson, 46 North Washington Blvd., #1, Sarasota, FL 34236.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 28th day of April, 1995.



John Patterson, Incorporator

NOTICE OF APPOINTMENT OF REGISTERED AGENT,
ACCEPTANCE, AND DESIGNATION OF CORPORATE OFFICE

The undersigned, JOHN PATTERSON, having a street address of 46 North Washington Boulevard, #1, Sarasota, FL 34236, having been appointed by the directors of GALLERY OF NEW HOMES, INC., as registered agent, states as follows:

1. The corporation shall maintain an office at 46 North Washington Boulevard, Suite 1, Sarasota, FL 34236, and shall notify the Department of State of any change in address of this office or the name of the registered agent at this address.

2. He accepts the appointment and consents to serve as registered agent of the corporation pursuant to Section 617.023, Florida Statutes.



JOHN PATTERSON

w:\gallery\newhome\2224.ov4

FILED
95 MAY -1 PM 4:02
SECTION 617
TALLAHASSEE, FLORIDA

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 SEP 30 PM 6: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000035572**

1 Corporation Name

GALLERY OF NEW HOMES, INC.



Principal Place of Business 48 N. WASHINGTON BLVD. #1 SARASOTA FL 34236	Mailing Address 48 N. WASHINGTON BLVD. #1 SARASOTA FL 34236
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If above addresses are incorrect in any way, line through incorrect information and enter correction below

2 New Principal Office Address, if Applicable 109 OVERLEA WAY		3 New Mailing Office Address, if Applicable		4 Date Incorporated or Qualified To Do Business in Florida 05/01/1995	
Suite, Apt #, etc		Suite, Apt #, etc		5. FEI Number APPLIED FOR	
City & State VENICE FL		City & State		Applied For Not Applicable	
Zip 34292		Country		6. CERTIFICATE OF STATUS DESIRED <input 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	PATTERSON, JOHN	48 N. WASHINGTON BLVD. #1	SARASOTA FL 34236
D, P, S	MCGIFFEN, JOHN W.	109 OVERLEA WAY	VENICE FL 34292
VP, AS	EDSEL, ED	109 OVERLEA WAY	VENICE FL 34292
VP, T	CHAMBERLAIN, FRED	109 OVERLEA WAY	VENICE FL 34292

REINSTATEMENT
[Handwritten signature]

8. Name and Address of Current Registered Agent PATTERSON, JOHN 48 N. WASHINGTON BLVD. #1 SARASOTA FL 34236		C. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City 700001974007--2 -10715, 96 ****375.FL ****375.00	
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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 *[Signature]* REGISTERED AGENT MUST SIGN Date **9/26/96**

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 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., that 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)(l), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN W. MCGIFFEN, President
Date **9/24/96 (911) 497-486**
Daytime Phone #

CR26040 (7/96)