	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM.	
	PLICATION FOR ISTATEMENT	A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State vision of corporations		- 184 28 PM 3:51			
DOCUMENT # P95000064350(B)  1. Corporation Name  ADVANTAGE HOMES, INC.						TARY OF STATE HASSEE, FLORIDA	
	Place of Business 1810 HICKORY BLVD. ONITA SPRINGS, FL 3				e. REIN	STATEMENT 10-9-	1
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mail			nformation and enter on ng Address, If Applica		DO NOT WRITE IN THIS SPACE  4. Date incorporated or Qualified To Do Business in Florida_		
Suite, Apl. #. etc. Suite, A			etc.		5. FEI Number Applied For		
City & State City			City & State			4038510 Not Applicab	le
Zip	Country	Zip	Country	у	6. CERTIFICAT	TE OF STATUS DESIRED \$8.75 Additional Fee requirements for a Certificate of Statu	red s
7. Names	and Street Addresses of Each Officer and	/or Director (Flo	·	tions must list at leas	t 3 directors)		
Title(s)	and/or Directors 3 (Do NOT			ficer and/or Director se Post Office Box Numbers) 4		City / State / Zip	
$\mathcal{P}$	RICHARO VAN SCHAARDENBURG 27870			CHORY BL	BONTA SPONGS, FL 341	44	
5	DEBRA J. VAN SCHAARDENBURY 27870 A			KORY BLVO		BONITA SPRINGS, FL 34134	
1				8000020738482 -01/30/9701069005 ****323.75 ****923.75			
						Jh1-22-97	
	B. Name and Address of Current		• • • • • • • • • • • • • • • • • • • •	<del>                                      </del>	9. Name and	Address of New Registered Agent	
RICHARO VAN SCHAARDENBURG  27870 HICKORY BLVD.  BONITA SPRINGS, FL 34/34  City					O. Box Number	r is Not Acceptable)	CR2E040 (12/95)
27	870 HICKORY 1	2./12. l	Suite, Apt. #, Etc.	Etc.			
130	enita Springs	State   Zip Code					
10. I being	g appoynted the registered again, of the abo	ove named como	atical am familiar wi	th and accept the obl	inations of Sect	FL	_
Signature o	0 1 1 1/1/11	11/11/10		arana assopi iro obi	igations of Good	1/2/27	
negistereo		EGISTERED AG	ENT MUST SIGN			Date Vall	
11. Do De	pes this corporation pay a pet. of Revenue under S.	any intang 199.032,	ible tax to th Florida Statı	e utes. Yes [	□ No)	(See other side for information on intangible tax.)	
12. 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 trigector 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:  SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR  Date  Dayline Phone #							