PLEASE BEAD ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION ***	FLORIDA DEPARAMEI	NT OF STATE	
FOR REINSTATEMENT	Secretary of S DIVISION OF CORPO	BATIONS	Trans
DOCUMENT # P95000082055			99 MAR 10 AM 10: 12
Brankley Custom Homes, Inc.			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business ARY 1 W. Hanner 41:11 DC 7.0. Bcx 13xx1 Tallahassec, FL 32308 Tallahassec, FL 32308		4000028028948 -03/11/9901094002_	
, ,		****308.75 ****308.75	
If above addresses are incorrect in any way, line through incorrect information and enter correction 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable		the second of the second of	4. Date Incorporated or Qualified To Do Business in Florida To United
Suite, Apt. #, etc. Suite, Apt. #, etc.			5 FEI Number Applied For
City & State	City & State		59 -33 4 01/7 Not Applicable
Zip Country	Zip	<u></u>	CERTIFICATE OF STATUS DESIRED 63.75 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) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director City / State / Zip			
1 2 (Do NOT Use Post Office Box Numbers) 4			
P Leonard F. Brantley 2891 N. Homen Hill Dr. Tallahassa, FL 36308			
8. Name and Address of Current	Registered Agent	<u>.</u>	Name and Address of New Registered Agent
Leonard F Brantley		Name	
2891 M. Hanner Hill Dr.		Street Address (P.O. Box Number is Not Acceptable)	
Tellahassee, Fh. 32308		Suite, Apt #, Etc	
City State Zip Code FL			
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			
Registered Agent Date 1/0/99			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No 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 filling 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)(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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR July Date Dayline Phone #			