

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 95000095645

1. Corporation Name

Dave Moody Homes, Inc.

05 MAY 23 AM 11:21

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06/01/05--01026--003 **1358.75

2. Principal Office Address

380 Crestwood Dr.

Suite, Apt. #, etc.

City & State

Oxford, MI

Zip

48371

Country

USA

3. Mailing Office Address

380 Crestwood Dr.

Suite, Apt. #, etc.

City & State

Oxford, MI

Zip

48371

Country

USA

REINSTATEMENT

05

4. Date Incorporated or Qualified
To Do Business In Florida

12-19-95

5. FEI Number

59-3348431

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

Michael A. Siefert

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

351 NE Eighth Ave.

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34470

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

Michael A. Siefert
REGISTERED AGENT MUST SIGN

Date April 28, 2005

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
P	Thelma Moody	380 Crestwood Dr.	Oxford, MI 48371

10. 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)(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:

Thelma Moody
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Personal Representative, 5-2-05
Est. of Dave Moody

Daytime Phone #

248-693-5596

CR2E081 (01/05)