PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000098062

1. Corporation Name

HOME TECHNOLOGY CONSTRUCTION, INC.

02 SEP -4 PH 12: 37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

500007632555--9 -09/10/02--01042--010 ***1200.00 ***1280.00

		7. Name	and Address of Current Re	egistered Agent		
32606	US	32606	US	CERTIFICATE OF STATUS DESIRED X	S8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country	6.	C0.7C	
Gainesvil	le, FL	Gainesvil	le, FL	593354920	Not Applicable	
<u> </u>				5. FEI Number	Applied For	
City & State		City & State		10 00 Dasiness in Florida		
	•			4. Date incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1	1 m 1 m 1 m	
2233 NW 1	33rd Terrace	2233 NW 1	33rd Terrace		REPRESE 1 1 1 0 C	
2. Principal Office	e Address ·	3. Mailing Office	Address	REINSTATER	肥州 99-17	

*• Name and Address of Curre	The Hogister of Agent	
Name Gerald R. Morris		
Street Address (P.O. Box Number is Not Acceptable)	5000076325: -09/10/02010	55
2233 NW 133rd Terrace	*******8.95 **	
Suite, Apt. #, Etc.	**************************************	r-1T
City	State Zip Code	
Gainesville,	. FL 32606	

-			17 NO 24 1 241 0 240 0 7	The second of th
	I, being appointed the registered			

Signature of Registered Agent M-MILLINI
REGISTERED AGENT MUST SIGN

Date 09/03/2002

Titles Name of Officers and/or Direct		Street Address of Each Officer and/or Director	City / State / Zip	
PD - G	erald R. Morris	2233-NW-133rd-Terrace	-Gainesville, FL-32606	
STD G	erald R. Morris	2233 NW 133rd Terrace	Gainesville, FL 32606	
	,			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/03/2002

(352) 332-4772

Daytime Phone #