

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P46000026578

1. Corporation Name **Solid Homes, Inc**

2. Principal Office Address

2722 Hugo Ln

Suite, Apt. #, etc.

City & State

Crestview, FL

Zip **32536**

Country **U.S.A**

3. Mailing Office Address

2722 Hugo Lane

Suite, Apt. #, etc.

City & State

Crestview, FL

Zip **32536**

Country **U.S.A.**

4. Date Incorporated or Qualified
To Do Business in Florida -- **3/26/96**

5. FEI Number

59-3370422

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

Bernhard Roeger

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

2722 Hugo Lane

Suite, Apt. #, Etc.

700003236877 - 1

-06/20/00-01045-001

******980.00 ****980.00**

City

Crestview

State

FL

Zip Code

32536

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

REGISTERED AGENT MUST SIGN

Date

06/01/2000

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. Bernhard Roeger	2722 Hugo Lane	Crestview, FL 32536

REINSTATEMENT 99-00

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

Date

06/01/2000 850 240 9922

Daytime Phone #

CR2E081 (9/99)