

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 11 AM 10:51

DOCUMENT #

1. Corporation Name

896009078007
Community Homesites, Inc.

2. Principal Office Address

1213 TMA Court

Suite, Apt. #, etc.

Suite A

City & State

Tallahassee FL

Zip

32308

Country

USA

3. Mailing Office Address

P.O. Box 4321

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32315

Country

USA

400023283554
09/23/03--01048--008 **458.75

4. Date Incorporated or Qualified
To Do Business in Florida

9/19/1996

5. FEI Number

54-3401583

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charles Harvey

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

2025 Forest Glen Court

Suite, Apt. #, Etc.

City

Tallahassee, FL 32303

State

FL

Zip Code

32303

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/14/03

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

D

Charles Harvey

2025 Forest Glen Court

Tallahassee, FL 32303

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

[Signature]

Date

9/14/03

Daytime Phone #

850.222.4650

CR2E081 (10/02)

September 11, 2003

To Whom It May Concern,
From: Charles Harvey, Community Homesites, Inc.
Re: Renewal Correspondence

Please be advised that due to
my P.O. Box address change and
failure of my previous agent to
forward your renewal correspondence,
I did not receive it. Thank
you for considering waiving penalties
financial penalties. I did not receive the
spread for 2001.

Sincerely,

