




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;"><p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p></div><div style="margin-left: 20px; text-align: right;"><p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p><p>01 DEC 17 PM 4:00</p></div></div>																																			
<p>DOCUMENT # P96000083999</p> <p>1. Corporation Name Hd R HOMES AND CONSTRUCTION, INC.</p>																																			
<p>2. Principal Office Address 352 N Magnolia Ave</p>		<p>3. Mailing Office Address</p>																																	
<p>4. Date Incorporated or Qualified To Do Business in Florida 10-07-1996</p>		<p>5. FEI Number 59-3403311</p>																																	
<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></p>		<p>7. Additional Fee required for a Certificate of Status \$8.75</p>																																	
<p>8. Name and Address of Current Registered Agent</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2" style="padding: 5px;"><p>Name CHARLOS R HOUGH</p></td><td colspan="2" style="padding: 5px;"><p>300004758523</p></td></tr><tr><td colspan="2" style="padding: 5px;"><p>Street Address (P.O. Box Number is Not Acceptable) 352 N. Magnolia Ave</p></td><td colspan="2" style="padding: 5px;"><p>01/08/02 01027-010</p></td></tr><tr><td colspan="2" style="padding: 5px;"><p>Suite, Apt. #, Etc.</p></td><td colspan="2" style="padding: 5px;"><p>***150.00 ***</p></td></tr><tr><td colspan="2" style="padding: 5px;"><p>City OCALA</p></td><td colspan="2" style="padding: 5px;"><p>State FL Zip Code 34475</p></td></tr></table>				<p>Name CHARLOS R HOUGH</p>		<p>300004758523</p>		<p>Street Address (P.O. Box Number is Not Acceptable) 352 N. Magnolia Ave</p>		<p>01/08/02 01027-010</p>		<p>Suite, Apt. #, Etc.</p>		<p>***150.00 ***</p>		<p>City OCALA</p>		<p>State FL Zip Code 34475</p>																	
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<p>9. 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.</p> <p>Signature of Registered Agent  Date 12-12-01</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																																			
<p>10. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>Pres</td><td>HOUGH, CHARLES R</td><td>20368 THE GRANAAS</td><td>DUNNELLON FL 34432</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	Pres	HOUGH, CHARLES R	20368 THE GRANAAS	DUNNELLON FL 34432																								
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<p>11. 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.</p> <p>SIGNATURE:  11-15-01 352-895-4743</p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</p>																																			