

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 11, 2005 8:00 A
Secretary of State

DOCUMENT # P97000037547 1. Entity Name LIFETIME HOMES, INC.					
Principal Place of Business 7510 BRIARCLIFF RD FT MYERS, FL 33912 → US			Mailing Address 7510 BRIARCLIFF RD FT MYERS, FL 33912 US		
2. Principal Place of Business 11083 HARBOUR YACHT CT		3. Mailing Address 11083 HARBOUR YACHT CT			
Suite, Apt. #, etc. #201		Suite, Apt. #, etc. #201			
City & State		City & State			
Zip 33908		Country		Zip 33908	
Country		4. FEI Number 65-0765131			
5. Certificate of Status Desired				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NUNEZ, WILLIAM 7510 BRIARCLIFF RD FT MYERS, FL 33908			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11083 HARBOUR YACHT CT #201 City <div style="display: flex; justify-content: space-between;"> FL Zip Code 33908 </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent, and title if applicable</small>				DATE 2/22/05	
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NUNEZ, WILLIAM 11083 HARBOUR YACHT CT. 7510 BRIARCLIFF FT MYERS, FL 33912 33908 #201		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11083 HARBOUR YACHT CT. #201 FT MYERS, FL 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 2/22/05	
Daytime Phone # (239) 289-1787					

REINSTATEMENT 04-05