

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 17 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **997000044219**

1. Corporation Name

Metroplex Homes, Inc.
8777 San Jose Blvd.
Bldg. A, Ste 200
Jacksonville, FL 32217

2. Principal Office Address

8777 San Jose Blvd.

Suite, Apt. #, etc.

Bldg. A, Ste 200

City & State

Jacksonville, FL 32217

Zip

32217

Country

USA

3. Mailing Office Address

8777 San Jose Blvd.

Suite, Apt. #, etc.

Bldg. A, Ste 200

City & State

Jacksonville, FL 32217

Zip

32217

Country

USA

REINSTATEMENT

99-00

**4. Date Incorporated or Qualified
To Do Business in Florida** 5/19/97

5. FEI Number
59-3449483

SP
X 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

R. R. Crabtree

800003283298 - 4

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

8777 San Jose Blvd., Bldg. A, Ste 200

-06/09/00 - 01092 - 009

****900.00 ****900.00

Suite, Apt. #, Etc.

Bldg. A, Ste 200

City

Jacksonville, FL

State

FL

Zip Code

32217

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

Date **5-15-00**

REGISTERED AGENT MUST SIGN

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	R. R. Crabtree	8777 San Jose Blvd. Bldg. A, Ste 200	Jacksonville, FL 32217
PD	Larry R. Henson	8777 San Jose Blvd. Bldg. A, Ste 200	Jacksonville, FL 32217
STD	James R. Catlett	8777 San Jose Blvd. Bldg. A, Ste 200	Jacksonville, FL 32217

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

5-15-00

Daytime Phone #

904-732-9701