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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # P97000066199 1. Corporation Name G.C. Homes, Inc.																											
Principal Place of Business		Mailing Address																									
2. Principal Place of Business 21 14425 Country Walk Drive Suite, Apt. #, etc. 22 City & State 23 Miami FL Zip 24 33186		2a. Mailing Address 25 14425 Country Walk Drive Suite, Apt. #, etc. 27 City & State 28 Miami FL Zip 29 33186																									
County 25 Miami-Dade		County 29 Miami-Dade																									
3. Date Incorporated or Qualified 7/31/97		3a. Date of Reincorporation 7/31/97																									
4. FEI Number 65-0803713		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees																									
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No																											
9. Name and Address of Current Registered Agent Elliott B. Harris 111 SW 3rd Street Miami, FL 33130		10. Name and Address of New Registered Agent 81 Name Karl J. Schumer 82 Street Address (P.O. Box Number is Not Acceptable) 200 South Biscayne Boulevard, 20th Floor 83 84 City Miami FL 85 Zip Code 33131																									
11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, this above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0305, Florida Statutes. SIGNATURE <i>Karl J. Schumer</i> Karl J. Schumer by L.A. Uriarte as attorney-in-fact Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE 10/8/99																											
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP F.D MICHAEL A. GARCIA-CARILLO 14425 Country Walk Drive Miami FL 33186 </td> <td style="width:50%; text-align: right;"> ☐ DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP S KARL J. SCHUMER 200 South Biscayne Boulevard, 20th Fl Miami FL 33131 </td> <td style="text-align: right;"> ☐ DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP T PEDRO GARCIA-CARILLO Sr. 14425 Country Walk Drive Miami FL 33186 </td> <td style="text-align: right;"> ☐ DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ DELETE </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP F.D MICHAEL A. GARCIA-CARILLO 14425 Country Walk Drive Miami FL 33186	☐ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP S KARL J. SCHUMER 200 South Biscayne Boulevard, 20th Fl Miami FL 33131	☐ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP T PEDRO GARCIA-CARILLO Sr. 14425 Country Walk Drive Miami FL 33186	☐ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP </td> <td style="width:50%; text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr> <td> 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr> <td> 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr> <td> 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr> <td> 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr> <td> 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ Change ☐ Addition </td> </tr> </table>		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, or on attachments with an address. SIGNATURE <i>Karl J. Schumer</i> Karl J. Schumer, Secretary, by L.A. Uriarte as attorney-in-fact 10/8/99 Signature, typed or printed name of signing officer or director Date Signature																											

REINSTATEMENT

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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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CORPORATION REINSTATEMENT

G.C. HOMES, INC.

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