
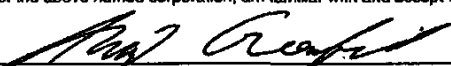



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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS 00 DEC 14 PM 1:41	
DOCUMENT # P98000016279					
1. Corporation Name G.A. Homes, Inc.					
2. Principal Office Address 2581 N.W. 123rd Terrace <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 2581 N.W. 123rd Terrace <small>Suite, Apt. #, etc.</small>		REINSTATEMENT 00	
City & State Coral Springs, FL		City & State Coral Springs, FL			
Zip 33065	Country USA	Zip 33065	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 02/18/98		5. FEI Number 65-0813882			
				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Amir Greenfield					
Street Address (P.O. Box Number is Not Acceptable) 1879 N.W. 96 Avenue					
Suite, Apt. #, Etc.					
City Plantation				State FL	Zip Code 33322
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 _____					
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.P.S	Amir Greenfield	1879 N.W. 96th Avenue	Plantation, FL 33322		
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:  Amir Greenfield, President (954) 346-5517					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:

Division of Corporations
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From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954) 527-2428
Fax Number : (954) 764-4996

CORPORATION REINSTATEMENT

G. A. HOMES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$758.75