
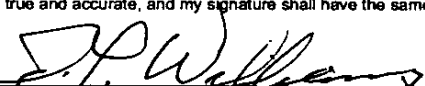


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		06 SEP 29 11 30 30 FILED TALLAHASSEE	
DOCUMENT # P98000083713					
1. Corporation Name SLEEPY HOLLOW HOMES, INC. 100 SLEEPY HOLLOW RD LEESBURG, FL 34748					
2. Principal Office Address 100 SLEEPY HOLLOW RD Suite, Apt. #, etc.			3. Mailing Office Address P.O. Box 462 Suite, Apt. #, etc.		
City & State LEESBURG, FL			City & State EUSTIS, FL		
Zip 34748	Country LAKE	Zip 32726	Country LAKE	4. Date Incorporated or Qualified To Do Business in Florida 9/28/1998	
				5. FEI Number 59-3541483	
				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name E.L. Williams					
Street Address (P.O. Box Number is Not Acceptable) 2110 Country Club DR.					
Suite, Apt. #, Etc.					
City EUSTIS				State FL	Zip Code 32726
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	
P.D.	E.L. Williams	2110 Country Club DR.		EUSTIS, FL 32726	
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 contained in Chapter 119, 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: 				9/22/2006 352-357-3229	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #