

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
**99AR**  
 FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000088608**  
 1. Corporation Name  
**MARK MACONI HOMES OF HERNANDO, INC.**  
 Principal Place of Business *you left off one digit!* 3111 U.S. HWY. 19N.  
 PALM HARBOR FL 34684  
 Mailing Address *you left off one digit* 3111 U.S. HWY. 19N.  
 PALM HARBOR FL 34684

**FILED**  
 99 OCT 14 PM 12:29  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>31,111 US Hwy 19, N.</b>	3. New Mailing Office Address, If Applicable <b>31,111 US Hwy 19, N.</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>10/16/1998</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <b>59-3538882</b>
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PTD	NIKJEH, FARHOD M	<del>3111 U.S. HWY. 19N.</del> <b>31,111</b>	PALM HARBOR FL 34684
VPSD	MACONI, MARK	<del>3111 U.S. HWY. 19N.</del> <b>31,111</b>	PALM HARBOR FL 34684

**800003023018--1**  
**-10/22/99--01116--007**  
**\*\*\*158.75 \*\*\*158.75**

**99AR TS**

8. Name and Address of Current Registered Agent <b>SKALSKI, JOSEPH C</b> <b>14010 ROOSEVELT BLVD.</b> <b>SUITE 708</b> <b>CLEARWATER FL 33762</b>	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **NOT REQUIRED** Date \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN *for Kathy Hyman*

11. 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: *Mark W. Maconi, Vice Pres.* **10/13/99 (727) 786-1605**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date Daytime Phone #

CR20040 (8/99)

Mark Maconi Homes of Hernando, Inc.  
31,111 US Hwy 19, N.  
Palm Harbor, FL 34684  
(727) 786-1605

Department of State  
Division of Corp's.  
409 East Gaines St.  
Tallahassee, FL 32399

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Attn: Kathy Hyman

Re: 1999 Corporate Annual Report #P98000088608

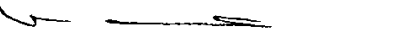
Dear Ms. Hyman,

Per our phone conversation today, enclosed is our completed 1999 corporate annual report. We are requesting a one-time waiver of late fees because we never received any reports prior to this dissolution notice, because of an address error in your records. Please see attached report for the correct addresses.

We are now aware of our responsibility to file this report annually by May 1. We understand by completing this and submitting payment, the Corporation will be reinstated retroactive as if it had not been dissolved.

Thank you for your attention to this matter.

Sincerely,

  
Mark W. Maconi, Vice-Pres.