PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT 2004 Report | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED 04 MAY -5 AM 8: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA |
|---|---|---|
| DOCUMENT# P98000089118 1. Corporation Name Muller Homes, Inc. | | TALLAMASSEE, FLORIDA |
| 2 Principal Office Address 7385 3675 C+. | 3. Mailing Office Address P. O. Box 701358 | - Cul |
| Suite, Ap. #, etc. | Suite, Apt. #, etc. | 4. Date Incorporated or Qualified |
| City & State | City & State | To Do Business in Florida 10/20/98 5. FEI Number Applied For |
| Vero Beach, Fl. Zip Country | Wabasso F1. | 65-0931327 Not Applicable |
| 32967 Indian River 32970 Indian Kiver CERTIFICATE OF STATUS DESIRED T | | |
| Name | | |
| Ver | o Beach` | FL 32967 |
| 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 4/29.104 | | |
| 9. Names and Street Addresses of Each Officer and | d/or Director (Floride nonprofit corporations must list at | |
| Titles Name of Officers and/or Directors | Street Address of Ea Officer and/or Direc | |
| Pres. Henry J. Muller | 7355 35th Cour | t Vero Beach,F1, 32967 |
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| 10. I certify that I em 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: Mulli 4/29/04 772-299-4979 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone # | | |