PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION FLORIDA DEPARTMENT OF STATE					.	FILED				
REINSTATEMENT			Secretary of State Division of Corporations			03	JAN 17	PH 4: 06	• i	
DOCUMENT # P98000089118						SECRETARY OF STATE FALLAHASSEE, FLORIDA				
1 Corpora	tion Name				ı			erra erre de e ^{rre} l		
Mu	ller Homes,	, Inc.					1055 010340:			
2 Principa	Office Address		3 Mailing Off	3. Mailing Office Address		,			12-05	
2 Principal Office Address 7412 U.S. Highway One					س لدو المساطأ ال	سانا ال	000000	كستين		
Suite, Apt. #		vay One	Same Suite, Apt. #, etc.							
			· · · · · · · · · · · · · · · · · · ·			4. Date Incorporated or Qualified —To Do Business in Florida 10/20/98				
City & State			City & State		5. FEI Numb	er		Ar	oplied For	
Vero Beach, Fl.			11		65-0	 			ot Applicable	
3296	Country 7 Indian	n River	Zip	Country	6. CERTIFICAT	E OF STAT	US DESIRED	\$8.75 Additional		
	, <u> </u>		7. Na	me and Address of Current Regis	tered Agent			Tor a Sertings	To or orange	
	Name								1	
	Henry J. Muller Street Address (P.O. Box Number is Not Acceptable)								_	
•	Street Address (P.O. Bo		Not Acceptable)							
	Suite, Apt. #, Etc.								1	
	City	Ver	o Beach			State FL	Zip Code 32967		1	
8. i, being	appointed the registered a	gent of the abov	e named corpora	ition, am familiar with and accept the	e obligations of sect	ion 607.05	05 or 617.0503,	F.\$.		
Signature of Registered Agent REGISTERED AGENT MUST SIGN						Date <u>1/6/03</u>				
9. Names	and Street Addresses of E	ach Officer and	or Director (Flori	da nonprofit corporations must list a	t least 3 directors)	_				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip				
Pres.	Henry J.	Muller		7355 35th Court		Vero Beach,Fl. 32967				
						 		 		
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this rein	nstatement application, the y the corporation have bee application is true and accorporation	reason for disso on paid and the n	lution has been o ames of individua	powered to execute this application a pliminated, the corporate name satist ats listed on this form do not qualify to the same legal effect as if made un	ies the requirement or an exemption und	s of section der section	n 607.0401 or 61: i 119.07(3)(i), F.S	7.0401, F.S., tha	nt all fees n indicated	
	SIGNATUREAN	D TYPED OR PRI	ITED NAME OF SI	GNING OFFICER OR DIRECTOR		Date		Davtime Phone #		

J. 1/55