

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000105929**

1. Corporation Name

FIRST HOMES, INC.

Principal Place of Business

26133 U.S. HIGHWAY 19 NORTH STE. 310
CLEARWATER FL 34623

Mailing Address

26133 U.S. HIGHWAY 19 NORTH STE. 310
CLEARWATER FL 34623--

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33763

Country
USA

Zip
33763

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1998

5. FEI Number

59-3575028

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TUOMEY, WILLIAM	26133 U.S. HIGHWAY 19 NORTH STE	CLEARWATER FL 34623
D	TUOMEY, JOHN	26133 U.S. HIGHWAY 19 NORTH STE	CLEARWATER FL 34623
P/D	TUOMEY, WILLIAM T.	26133 U.S. Hwy 19 N. #310	Clearwater, FL 33763
D	TUOMEY, JOHN	26133 U.S. Hwy 19 N. #310	Clearwater, FL 33763

REINSTATEMENT 99-00

8. Name and Address of Current Registered Agent

MALONEY, JOHN L
3663 CENTRAL AVENUE
ST. PETERSBURG FL 33713

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

John L. Maloney

REGISTERED AGENT MUST SIGN

Date 10/2/00

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:

John L. Maloney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-00

Date

727 723 9600

Daytime Phone #

CR2E040 (8/99)