

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 OCT -5 PM 12: 16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 700003436437--5
 -10/24/00--01037--013
 ****750.00 ****750.00

DOCUMENT # **P98000105929**

1. Corporation Name
FIRST HOMES, INC.

Principal Place of Business Mailing Address
 26133 U.S. HIGHWAY 19 NORTH STE. 310 26133 U.S. HIGHWAY 19 NORTH STE. 310
 CLEARWATER FL 34623 CLEARWATER FL 34623--

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

05/17/99 90043 016 \$150

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/21/1998	
City & State		City & State		5. FEI Number	
Zip		Country		59-3575028	
33763		USA		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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
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		9. Name and Address of New Registered Agent	
MALONEY, JOHN L 3663 CENTRAL AVENUE ST. PETERSBURG FL 33713		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

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* **SIGNATURE REQUIRED** Date: 10/2/00
 REGISTERED AGENT MUST SIGN

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: *[Signature]* **SIGNATURE REQUIRED** Date: 9-8-00 Daytime Phone #: 727 723 9600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (8/99)