

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000024652**

1. Corporation Name

ERTL HOMES INC.

Principal Place of Business

Mailing Address

**9025 Magnolia Hill Drive
Tallahassee, FL 32309**

**9025 Magnolia Hill Drive
Tallahassee, FL 32309**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 27 PM 4:43



REINSTATEMENT

03-04

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3628454

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	ERTL, THOMAS H	9025 Magnolia Hill Drive Tallahassee, FL 32309	TALLAHASSEE FL 32308

600028402096
02/09/04-01026-011 **\$800.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ERTL, THOMAS H
6877 BIRDBONG TR
TALLAHASSEE FL 32308

9025 Magnolia Hill Dr

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

Date

11/18/05

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] ERTL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/18/05 (800) 8926570

CR2E040 (7/03)