PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

03 AUG 27 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000027113

1. Corporation Name

FLORIDA TREND HOMES, INC

REINSTATEMENT 02-03

700022586667
08/26/03--01072--009 **900.00

2. Principal Office Address	**3.** Mailing Office Address
630 CARNATION CT	630 CARNATION CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WELLINGTON, FL.	City & State: WELLINGTON, FL
Zip: 33414 Country: U.S.A.	Zip: 33414 Country:

4. Date Incorporated or Qualified To Do Business in Florida: MAY 1999

5. FEI Number: 65-0914270 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: TERRENCE J. BRISSON

Street Address (P.O. Box Number is Not Acceptable): 630 CARNATION CT.

Suite, Apt. #, Etc.:

City: WELLINGTON, FL. 33414 State: FL Zip Code: 33414

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: Terrence J Brisson Date: 11/19/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	TERRENCE J. BRISSON	630 CARNATION CT	WELLINGTON. FL 33414

10. 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: Terrence J Brisson TERRENCE J. BRISSON 11/19/03 561-793-2999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #