2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P99000064448

Entity Name: TEP HOMES, INC.

Current Principal Place of Business:

1951 NW 19TH STREET
SUTE 200
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

1951 NW 19THSTREET
SUITE 200
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-0773988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DIFIORE, CORA
1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CORA DIFIORE

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FALCONE, ARTHUR
Address: 1951 NW 19TH STREET SUITE 200
City-St-Zip: BOCA RATON, FL 33431

Title: D ( ) Delete
Name: FALCONE, EDWARD
Address: 1951 NW 19TH STREET SUITE 200
City-St-Zip: BOCA RATON, FL 33431

Title: VPS ( ) Delete
Name: DIFIORE, CORA
Address: 1951 NW 19TH STREET SUITE 200
City-St-Zip: BOCA RATON, FL 33431

Title: VP (X) Delete
Name: EVASIUS, JOHN
Address: 1951 NW 19TH STREET SUITE 200
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR FALCONE PD 04/16/2009

Electronic Signature of Signing Officer or Director — Date