

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN -9 AM 11:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000089629

1. Corporation Name

Gemini Homes, Inc.

2. Principal Office Address

4242 Worthington Place

Suite, Apt. #, etc.

City & State

Mascotte, FL

Zip

34753

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/99

5. FEI Number

59-3605473

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

Wade Boyette

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

1380 Grand Highway, Suite 200

Suite, Apt. #, Etc.

City

Clermont

State
FL

Zip Code

34711

500003556275

01/22/01--01004--009

***800.00 ***800.00

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

Wade Boyette

REGISTERED AGENT MUST SIGN

Date 1-3-2001

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
P, S, T, D	Tasha Quilling	4242 Worthington Place	Mascotte, FL 34753

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:

Tasha Quilling
Tasha Quilling, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-2001
Date

352-394-2103
Daytime Phone #

CR2E081 (9/99)