PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

96 NOV -7 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S29165

1. Corporation Name
TEC HOMES OF FLORIDA, INC.

Principal Place of Business
[redacted]
US

Mailing Address
[redacted]
US

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc. 554 Eagles Crossing Pl.
City & State Lake Mary, Fl.
Zip 32795 Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. P.O. Box 952913
City & State Lake Mary, Fl.
Zip 32795 Country

4. Date Incorporated or Qualified To Do Business In Florida 02/01/1991

5. FEI Number 59-3048042 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
[redacted]			
Pres	PALOMBI, LAWRENCE M	554 Eagles Crossing Pl	LAKE MARY FL
			900002003869--2 -11713796--01192--009 ****375.00 ****375.00
			REINSTATEMENT 1996
			A. Alaw 11-7-96

8. Name and Address of Current Registered Agent
[redacted]
LAKE MARY FL 32746

9. Name and Address of New Registered Agent
Name Lawrence M. Palombi
Street Address (P.O. Box Number Is Not Acceptable) 554 Eagles Crossing
Suite, Apt. #, Etc. P.O. Box 952913
City Lake Mary State FL Zip Code 32746

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 Lawrence M. Palombi SIGNATURE REQUIRED Date 11/4/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 it made under oath.

SIGNATURE: Lawrence M. Palombi SIGNATURE REQUIRED 11/4/96 Date 407-330-6376 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lawrence M. Palombi

CR2EA40 (7/96)

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