PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC 27 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S52730

1. Corporation Name

MODULAR DESIGNS OF ORLANDO, INC.

Principal Place of Business	Mailing Address
170 WINTER HAVEN ROAD WINTER HAVEN FL 33881 US	PO BOX 926 WINTER HAVEN FL 33882 US

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
Suite, Apt. #, etc. 7641 CURRENCY DRIVE	Suite, Apt. #, etc. P.O. Box 592281
City & State ORLANDO FL	City & State ORLANDO FL
Zip 32809 Country	Zip 32859 Country

4. Date Incorporated or Qualified To Do Business in Florida 05/14/1991

5. FEI Number 59-3069016 ☐ 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 3	City / State / Zip 4
P	DEVANE, RICHARD A	2 GROVE CT S.E.	WINTER HAVEN FL
ST	YOUNG, CHRISTOPHER R.	390 LYNN COVE RD	ASHEVILLES NC 28804
			000003087830--0
			-01/04/00--01078--008
			****750.00 ****750.00
			REINSTATEMENT 99 T

8. Name and Address of Current Registered Agent

STRAUGHN, RICHARD E
255 MAGNOLIA AVE. SW
WINTER HAVEN FL 33880

9. Name and Address of New Registered Agent

Name RICHARD A. DEVANE
Street Address (P.O. Box Number is Not Acceptable) 2 GROVE CT. S.E.
Suite, Apt. #, Etc.
City WINTER HAVEN State FL Zip Code 33884

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 Richard A. DeVane SIGNATURE REQUIRED Date Dec. 23 1999
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: Richard A. DeVane SIGNATURE REQUIRED RICHARD A. DEVANE Dec. 23 1999 (407) 859-9551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #