


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 JUN 10 PM 2:10	
DOCUMENT # S87780 1. Corporation Name AFFORDABLE LIFESTYLE HOMES, INC.		<i>\$080.00</i> <i>35.00</i> <i>52.50</i>			
Principal Place of Business 2124 HARDEN BLVD LAKELAND FL 33803 US		Mailing Address 2124 HARDEN BLVD LAKELAND FL 33803 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. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified To Do Business in Florida <div style="text-align: right;">10/14/1991</div> 5. FEI Number <div style="text-align: right;">59-3087925</div> Applied For <div style="text-align: right;"><input type="checkbox"/> Not Applicable</div> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip		
PT	PALMER, MARK D	3210 BONYBROOK DR S	LAKELAND FL		
VS	PALMER, JUDY	3210 BONNYBROOK DR S	LAKELAND FL		
PT	<i>Judy Palmer</i>	<i>3210 Bonnybrook Dr S</i>	<i>Lakeland, FL</i>		
VS	<i>Jennifer Palmer</i>	<i>3210 Bonnybrook Dr S</i>	<i>Lakeland, FL</i>		
TH	<i>Jennifer Palmer</i>	<i>3210 Bonnybrook Dr S</i>	<i>Lakeland, FL</i>		
Sec	<i>Mark D Palmer</i>	<i>3210 Bonnybrook Dr S</i>	<i>Lakeland, FL</i>		
8. Name and Address of Current Registered Agent PALMER, MARK D 3210 BONNYBROOK DR S LAKELAND FL 33811			9. Name and Address of New Registered Agent Name <i>Robert Pennington</i> Street Address (P.O. Box Number is Not Acceptable) <i>2124 Harden Blvd</i> Suite, Apt. #, Etc. <i>1</i> City <i>Lakeland</i> State FL Zip Code 33803		
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 <i>Robert Pennington</i> REGISTERED AGENT MUST SIGN		Date <i>6-9-97</i> <i>Sf 6/10/97</i>			
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>Judy Palmer</i>		<i>6/9/97</i> <i>941-687-6297</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2040 (6/95)