


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -7 AM 9:45

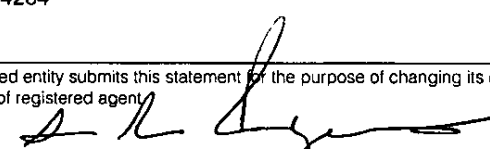
DOCUMENT # V18678		
1. Entity Name SAM RODGERS HOMES, INC.		

Principal Place of Business 575 CENTER ROAD VENICE, FL 34292 US	Mailing Address P.O. BOX 1555 VENICE, FL 34284 US
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2. Principal Place of Business - No P.O. Box # 20065 Galleria Blvd	3. Mailing Address P.O. Box 558
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Venice, FL	City & State Venice, FL
Zip 34293	Country Sarasota
Zip 34284	Country Sarasota

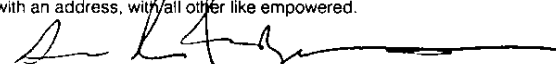


07012008 REIN-P CR2E098 (1/07)

4. FEI Number 65-0430124		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RODGERS, SAM R. 1265 HORSE & CHAISE BLVD VENICE, FL 34284		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 20065 Galleria Blvd. City Venice FL Zip Code 34284		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  7/1/08 - Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODGERS, SAM R. 448 BAYSHORE ROAD VENICE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100132373251 07/07/08--01060--007 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODGERS, RICHARD D. P.O. BOX 1313 OSPNEY, FL 342291313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODGERS, MARY A. 448 BAYSHORE DRIVE VENICE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD DIXON, KATHLEEN S 1612 LILLIPUT COURT VENICE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B 7/8/08 REINSTATEMENT 07-08
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODGERS, REX S 1446 BRAMBLING CT BRADENTON, FL 34212 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	7/1/08 941-493-6626 Date Daytime Phone #