

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 10:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V43342

1. Corporation Name

LIFETIME HOMES OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

8147 COLDWATER CREEK LN
TALLAHASSEE FL 32309

8147 COLDWATER CREEK LN
TALLAHASSEE FL 32309

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/12/1992	
City & State		City & State		5. FEI Number	
Zip		Country		59-3144076	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 03

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	4 City / State / Zip
P	BAKER, DAVID C	8147 COLDWATER CREEK LN	TALLAHASSEE FL 32309

000025761550
12/26/03--01012--002 **750.00

8. Name and Address of Current Registered Agent

BAKER, DAVID C
RT 3, BOX 579-A
TALLAHASSEE FL 32308

9. Name and Address of New Registered Agent

Name: David C. Baker
Street Address (P.O. Box Number is Not Acceptable): 8147 Coldwater CR Ln
Suite, Apt. #, Etc.: 411
City: Tallahassee State: FL Zip Code: 32309

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. or 617.0505, F.S.

Signature of Registered Agent: David C. Baker Date: 11-22-03
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: David C. Baker 11-22-03 850-599-6739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)