

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 AUG -9 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V67261

1. Corporation Name
Village Builders, Inc.

Principal Place of Business Mailing Address

15755-6W-36-Court-Read
Apt-#A-1
Osceola-Ft--32673-

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

2. New Principal Office Address, If Applicable
10485 SE 148th Place
Suite, Apt. #, etc.

3. New Mailing Address, If Applicable
10485 SE 148th Place
Suite, Apt. #, etc.

City & State
Summerfield, FL

Zip
34491

Country
Marion

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida
09/24/92

5. FEI Number Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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
D, P, T, S	Joel Orberg	10485 SE 148th Place	Summerfield, FL 34491
REINSTATEMENT 93-99			
LFS 8-10-99			
700002956027--G			
08/10/99 01005 022			
***1685.00 ***1650.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Brett L. Swigert

Street Address (P.O. Box Number is Not Acceptable)
531 North Bay Street

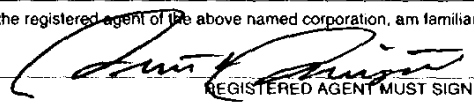
Suite, Apt. #, Etc.

City
Eustis

State
FL

Zip Code
32726

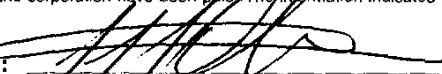
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN

Date **7-20-99**

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 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:  **7-20-99 (352)** **266-7143**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (12/95)