

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JUL 21 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400061415234
11/14/05--01054--001 **150.00

DOCUMENT # 04000064950

1. Corporation Name
California Homes Design Corp
754 Sharmon Palms Ln #B
Campbell, CA 95008

2. Principal Office Address - No P.O. Box # B
754 Sharmon Palms

3. Mailing Office Address
754 Sharmon Palms

Suite, Apt. #, etc.
B

Suite, Apt. #, etc.
B

City & State
Campbell, CA

City & State
Campbell, CA

Zip Country
95008 U.S.

Zip Country
95008 U.S.

REINSTATEMENT
CR2E081 (12/07)

05-08

4. Date Incorporated or Qualified
To Do Business in Florida 4/20/04

5. FEI Number 76-0758937
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Ramon Ferrer
Street Address (P.O. Box Number is Not Acceptable)
14748 SW 56th Street
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33185

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Ramon Ferrer

Date 7-14-08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Ramon Ferrer	754 Sharmon Palms	Campbell CA 95008

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07/21/08--01053--030 **1050.00

10. 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 contained in Chapter 119, 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: Ramon Ferrer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-08 (408) 529-9968
Date Daytime Phone #

Change RIA address from
Co. to Miami per request
from Ramon Ferrer 7-24-08