PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 12 AM 8:26
SEC. OF ST.
TALLAHASSEE, FLORIDA

DOCUMENT # 153599

1. Corporation Name

HOMER PROPERTIES, INC.

REINSTATEMENT 02-03

Principal Place of Business	Mailing Address
623 CLEVELAND STREET CLEARWATER FL 33755 US	P.O. BOX 59 CLEARWATER FL 33755 US

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
2219 South Oak Mabry	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tampa, FL	
City & State	City & State
Zip 33629 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/29/1947

5. FEI Number: 59-0591945 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HOMER, JOHN W SR	767 BAY ESPLANADE	CLEARWATER FL 33767
SD	HOMER, MICHELE H	767 BAY ESPLANADE	CLEARWATER FL 33767

400012875944
02/21/03--01016--003 **758.75

400012875944
03/11/03--01069--002 **141.25

8. Name and Address of Current Registered Agent

CLINE, HARRY S
325 COURT STREET., STE 200
CLEARWATER FL 33756

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (8/02)

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: SIGNATURE REQUIRED — Date: 2-14-03
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: SIGNATURE REQUIRED — 2-7-03 — 727-446-3108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #