PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 10 AM 8:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000021007

1. Corporation Name
Homesuite Homes, Inc

800024572838
11/10/03--01100--007 **150.00
REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
2500 Quantum Lakes Dr	126 Crossing Cir.
Suite, Apt. #, etc. 203	Suite, Apt. #, etc.
City & State: Boynton Beach, FL.	City & State: Boynton Beach, FL
Zip: 33426 Country: Palm Beach	Zip: 33435 Country: Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 42-1608613 ☐ 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: R. Jean Alicea
Street Address (P.O. Box Number is Not Acceptable): 126 Crossing Cir.
Suite, Apt. #, Etc.:
City: Boynton Beach State: FL Zip Code: 33435

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: R Jean Alicea — REGISTERED AGENT MUST SIGN — Date: 11-7-03

CR2E081 (10/02)

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
D.	R. Jean Alicea	126 Crossing Cir	Boynton Beach, FL. 33435

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 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: R Jean Alicea — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 11-7-03 Date — 5617046053 Daytime Phone #