

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 29 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300134433923
08/13/08--01026--009 **458.75

DC 10-10-08

DOCUMENT # P05000023667

1. Corporation Name

Home Improvement Team Corp.

2. Principal Office Address - No P.O. Box #

11620 SW 181 st

Suite, Apt. #, etc.

3. Mailing Office Address

11620 SW 181 st

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33157

Country

USA

Zip

33157

Country

USA

REINSTATEMENT 06-08

4. Date incorporated or Qualified To Do Business In Florida

02-14-2005

5. FEI Number

20-2338379

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

Lemuel Cuellar

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

11620 SW 181 st

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

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

REGISTERED AGENT MUST SIGN

Date 08-11-08

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
DP	Lemuel Cuellar	11620 SW 181 st	Miami FL 33157
DP	YIRKA Cuellar	11620 SW 181 st	Miami FL 33157

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-11-08

Date

786-325-9027

Daytime Phone #