

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 10 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500137782745
11/10/08--01031--016 **300.00

DOCUMENT # P06000074773

1. Corporation Name

HOME EDIT INC

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

19401 NE 19TH AVE

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL

Zip

33179

Country

US

3. Mailing Office Address

19401 NE 19TH AVE

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL

Zip

33179

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 05/30/2006

5. FEI Number

☒ 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

AVNER BENATTIA

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

19401 NE 19TH AVE

Suite, Apt. #, Etc.

City

NORTH MIAMI BEACH

State

FL

Zip Code

33179

☒ 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 10/26/2008

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 |
|--------|--------------------------------------|---|----------------------------|
| PD | AVNER BENATTIA | 19401 NE 19TH AVE | NORTH MIAMI BEACH, FL. 331 |
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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

10/26/2008

Date

Daytime Phone #