PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

CORPORATION [redacted]

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 FEB 12 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-02/26/01--01146--001
****300.00 ****300.00

DOCUMENT # P94000046501

1. Corporation Name

Home Dynamics Corporation

2. Principal Office Address	**3.** Mailing Office Address
4810 W. Commercial Blvd	4810 W. Commercial Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tamarac FL	City & State: Tamarac FL
Zip: 33319 Country: US	Zip: 33319 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 6/22/94

5. FEI Number: 65-0499504 ☐ 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: Edward J. Schack

Street Address (P.O. Box Number is Not Acceptable): 7954 Pines Blvd.

Suite, Apt. #, Etc.:

City: Pembroke Pines State: FL Zip Code: 33024

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: Edward J. Schack Date: 2/7/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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	David J. Schack	4810 W. Commercial Blvd	Tamarac FL 33319
			TR 00-01 4852

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: DAVID SCHACK 2/5/01 954-484-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAGE 2 of 2

Home Dynamics
Corporation

Division of Corporations
Attn: Partnership Section
PO Box 6327
Tallahassee, FL 32314

February 6, 2001

We recently contacted your office regarding the status of one of our Corporations (Home Dynamics Corporation) and were informed that your office had not received our business report for 2000. We did not file as we did not receive notice.

Attached please find our completed Corporation Reinstatement form. In speaking with your representative, we were informed that our payment in the amount of $300.00, which represents payment for years 2000 & 2001 and the completion of the attached reinstatement request would rectify this situation.

If you need further information, please call me at extension 20.

Sincerely,

Julie Leisi
Controller

enclosures

4810 West Commercial Boulevard, Tamarac, FL 33319 • Phone (954) 484-4800, Fax (954) 484-4850
www.homedynamics.com