## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				ATE	FILED 05 JAN -7 PM 3:11	
DOCUMENT # F00000002491  1. Corporation Name   HOMEOWNERS, INC.  iHomeowners, Inc.					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
24003 Ventura Blvd. 24003 Ventura Blvd.				REIN	ISTATEMENTO/-0-	5
2. Principal Office Address 3. Mailing 24003 Ventura Blvd. 24003 V				J 84-38	MALMENT	, to
Suite, Apt. #, etc. Suite, A BLDG A BLDG			Apt. #, etc. G A		corporated or Qualified Business in Florida  05-02-2000	7
,		City & State Calabasas C	City & State Calabasas CA		mber Applied For Not Applied be Not Applied be	
Zip 91302	Country USA	<sup>Zip</sup> 91302	Country USA	6. CERTIFIC	SATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status	ed
		7. Nam	e and Address of Current	Registered Agent		_
	Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street. Suite, Apt. #, Etc.					
City Tallahassee					State Zip Code 3 2 3 0 1	
8. I, being appointed the redistered 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 Part REGISTERED AGENT MUST SIGN  Date 1/5/05						
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 Direct	ors	Street Addres Officer and/or		City / State / Zip	1
Preside	John Hasenauer		24003 Ventura Blvd. BLDG A		Calabasas CA 91302	_
Secreta	William McCoy		24003 Ventura Blvd. BLDG A		Calabasas CA 91302	_
Directo	John Hasenauer		24003 Ventura Blvd. BLDG A		Calabasas CA 91302	
Directo	William McCoy		24003 Ventura Blvd. BLDG A		Calabasas CA 91302	
				3 0170	00044331393 770501047004 **1358.75	-
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:  SIGNATURE:						
		PRINTED NAME OF SIG	NING OFFICER OR DIRECTOR		Date Daytime Phone #	1