## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  DOCUMENT # Foloog  1. Corporation Name The Home Rental ( DBA Mandarin hand)  2. Principal Office Address  3909 Sunbean Road  Suite, Apt #, etc.	FLORIDA DEPARTMENT OF STATE  Jim Smith  Secretary of State  DIVISION OF CORPORATIONS  DO 6165  Empery  Apartments  3. Mailing Office Address  3909 Sunbeam Road  Suite, Apl. #, etc.	FILED  02 DEC -6 AM 9: 18  SECRETARY OF STATE TALLAHASSEE. FLORIDA  10009397271 12/06/0201036008 **150.00
	Ch. 9 Oct.	4. Date Incorporated or Qualified To Do Business in Florida
City & State Jacksonville Florida	City & State  Jacksonville, Florida	5. FEI Number Applied For
Zip / Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Adultional Fee required
32257 U.S. A.	32257 U.S.A.	- consideration of status and sta
Street Address (P.O. Box Number is Not Acceptable) 3909 Sunbeam Read Suite, Apt. #, Etc.  City  State Zip Code FL 32257  8. I, being appointed the registered agent of the above harned 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		
	/or Director (Florida nonprofit corporations must list at le	
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1/2 -	ene 7 Island Esta	
5 Kevin Kale	29 Coleridge Co	aunt Palm Const FL 32137
T/D Kathleen Reill	y 31 Chestout Hill	Read Colchester, CT. 06051
D Kevin Reilly	2 Cute Court	Palm Coast, FL 32137
D Tami Kale	29 Coleridge Co	urt Palm Coast, FL. 32137
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Day Imperiod Type OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

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## HOME RENTAL / DBA MANDARIN LANAI APARTMENTS 3909 Sunbeam Road Jacksonville, Florida 32257

December 3, 2002

Florida Department of State, Divisions of Corporations Uniform Business Report Fillings P.O. Box 1500 Tallahassee, Florida 32302-1500

## To Whom It May Concern:

It has come to the attention of the Home Rental Company that our current Corporation status is inactive. This was brought to our attention on December 3, 2002 by our banker when we requested to open a new bank account. I immediately noticed that the mailing address registered with your office was incorrect. At this point we contacted the Divisions of Corporations to see what we needed to do in order to be reinstated, as well as make the appropriate address change. We never did receive the Uniform Business Report for year 2002; in fact this was confirmed by your office that the form was returned undeliverable. We did not contact your office to question why we did not receive the Uniform Business Report because is our understanding that since our first filing was filed so late in year 2001, that we were not scheduled to file a new Uniform Business Report until 2003.

We respectfully asked that you accept the reinstatement application and waive any late fees as this was not an intentional negligence on behalf of the Home Rental Corporation.

We sincerely apologize for any inconvenience and thank you in advance for your understanding. If you should have any questions, please do not hesitate to call me at (904) 733-0200, or (386) 566-6258.

Please respond in writing as to your decision in this matter.

Respectfully,

Kevin Kale Secretary

Home Rental / DBA Mandarin Lanai Apartments