

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

FILED

02 APR -5 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000002574

1. Corporation Name

Home Elements, Inc.

2. Principal Office Address

1650 Tysons Blvd.

Suite, Apt. #, etc.

Suite 560

City & State

McLean

Zip

22102

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

VA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/12/99

5. FEI Number

54-1572254

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

C.T. Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the abode named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, VS.

Signature of
Registered Agent



REGISTERED AGENT MUST SIGN

Judith B. Argao

Date

4/4/02

Asst. Secretary & V. President

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
Mr.	Gerald M. Birnbach/Director	1650 Tysons Blvd.Suite710	McLean, VA 22102
Mrs.	Lorri A. Kelley/President	1650 Tysons Blvd.Suite560	McLean, VA 22102
Mr.	Michael M. Thurmond/Secy.	1650 Tysons Blvd.Suite710	McLean, VA 22102
Mrs.	Mary Brager-VP / Treas.	1650 Tysons Blvd.Suite560	McLean, VA 22102
Mr.	Charles Rosen / Director	5158 Triple Crown Row.	Rancho Santa FE,CA 92067
Mr.	Sidney J. Silver / Director	1700 Wisconsin Avenue	Washington, DC 20007

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

Lorri A. Kelley

3/22/02
Date

(540)444-5032
Daytime Phone #