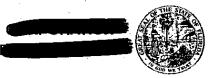
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM D



## FLORIDA DEPARTMENT OF STATE

Secretary of State

03 FEB 21 PM 4: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # K 53419

1. Corporation Name

HOMESTEAD SHOPPING CENTER, CORP.

| Name                                       | e : | 7. Name   | and Address of Current Reg | gistered Ag   | ent .                            |                            |   |
|--|-----|---|----------------------------|---|----------------------------------|----------------------------|---|
| FORT LAUDERDALE, FL Zip. Country 33312 USA |     | City & State  FORT LAUDERDALE, FL  Zip Country  33312 USA |                            | CERTIFICATE OF STATUS DESIRED for a Certificate of Status                     |                                  |                            |   |
|  |     |   |                            |   | FEI Number<br>9-2933660          | Applied For Not Applicable |   |
| City & State                               |     |   |                            | 4. Date Incorporated or Qualified To Do Business in Florida DECEMBER 23, 1988 |                                  |                            |   |
| Suite, Apt. #, etc:                        |     | Suite, Apt. #, etc.                                       |                            |   |                                  | (   0 /                    | ٠ |
| 5560 ESTATE OAK CIRCLE                     |     | 5560 ESTATE OAK CIRCLE                                    |                            |   |                                  | 99-13                      |   |
| 2. Principal Office Address                |     | 3. Mailing Office Address                                 |                            | 10  | 2/19/0301053009 *                | *750.00                    |   |
|  |     |   |                            |   | 60001279060<br>* 2/19/0301053009 | 06                         | 1 |

| ,,,,,      |   |                 | <b>《哈拉图图》</b>     |  |  |  |
|------------|---|-----------------|-------------------|--|--|--|
| ili-reamon | 7. Name and Address of Current Registered Agent                           |                 |                   |  |  |  |
|            | Name<br>MARIO PATINO  |                 |                   |  |  |  |
|            | Street Address (P.O. Box Number is Not Acceptable) 5560 ESTATE OAK CIRCLE |                 |                   |  |  |  |
|            | Suite, Apt. #, Etc.   |                 |                   |  |  |  |
|            | City FORT LAUDERDALE  | State <b>FL</b> | Zip Code<br>33312 |  |  |  |

| 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 MARIO RATINO REGISTERED AGENT MUST SIGN |                                      |   |                           |  |  |  |  |
|---|--------------------------------------|---|---------------------------|--|--|--|--|
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   |                                      |   |                           |  |  |  |  |
| Titles  | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip        |  |  |  |  |
| P/D   | MARIO PATINO                         | 5560 ESTATE OAK CIRCLE                            | FORT LAUDERDALE, FL 33312 |  |  |  |  |
| V/D   | DAISY PATINO                         | 5560 ESTATE OAK CIRCLE                            | FORT LAUDERDALE, FL 33312 |  |  |  |  |
|   |                                      | ·   |                           |  |  |  |  |
|   |                                      |   |                           |  |  |  |  |

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 filling 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:

ENATURE AND TYPED OR PRINTED

AME OF SIGNING OFFICER OR DIRECTOR

MADIO DATINO

(954) 893-943. Daytime Phone #

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