

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 21 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K 53419

1. Corporation Name

HOMESTEAD SHOPPING CENTER, CORP.

2. Principal Office Address

5560 ESTATE OAK CIRCLE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33312

Country

USA

3. Mailing Office Address

5560 ESTATE OAK CIRCLE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33312

Country

USA

600012790606

02/19/03--01053--009 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

DECEMBER 23, 1988

5. FEI Number

59-2933660

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

MARIO PATINO

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

5560 ESTATE OAK CIRCLE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State
FL

Zip Code
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 PATINO

REGISTERED AGENT MUST SIGN

Date

2-13-03

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
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 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:

MARIO PATINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO PATINO

Date

2-13-03 (954) 893-9433

Daytime Phone #