

2007 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # K60919

1. Entity Name
HOMEWORKS REALTY, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 OCT 12 AM 10:12

Principal Place of Business
225 N.E. 34 STREET
202
MIAMI, FL 33137

Mailing Address
225 N.E. 34 STREET
202
MIAMI, FL 33137



2. Principal Place of Business - No P.O. Box #
7100 Biscayne Blvd.
Suite, Apt. #, etc.
301

3. Mailing Address
7100 Biscayne Blvd.
Suite, Apt. #, etc.
301

10022007 REIN-P CR2E098 (1/07)

City & State
Miami, Florida
Zip
33138
Country
Dade

City & State
Miami, Florida
Zip
33138
Country
Dade

4. FEI Number
65-0096887
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALTAGLIATI, STEPHEN
225 N.E. 34TH STREET
SUITE 202
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 9/27/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PVTS			
	MALTAGLIATI, STEPHEN	225 NE 34TH STREET., 202	MIAMI, FL 33137	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/2007
Date

Daytime Phone #

B 10/18/07
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HOMEWORKS REALTY, INC.

225 NE 34 STREET # 202

MIAMI, FLORIDA 33137

(305) 576-4649 FAX (305) 573-0734

**Attn: Florida Department of State
Divisions of Corporations
P.O.Box 6198
Tallahassee, FL 32314-6198**

Re: 2006 Annual Report

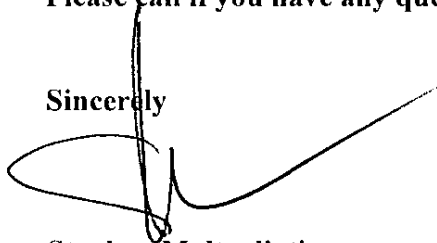
To Whom It May Concern:

Please be advised that I was out of the country and never received the original and second notice of the annual report.

Thank you for your understanding.

Please call if you have any questions.

Sincerely

A handwritten signature in black ink, appearing to read 'Stephen Maltagliati', with a long horizontal flourish extending to the right.

**Stephen Maltagliati
President**