2008 FOR PROFIT CORPORATION REINSTATEMENT

FIL FD DOCUMENT # K60919 HOMEWORKS REALTY, INC. 09 DEC 24 AM 11: 19 SECRETARY OF STATE Principal Place of Business Mailing Address 7100 BISCAYNE BLVD. #301 7100 BISCAYNE BLVD. #301 MIAMI, FL 33138 MIAMI, FL 33138 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 11052008 REIN-P CR2E098 (1/07) City & State City & State 4. FEI Number Applied For 65-0096887 Not Applicable 700 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MALTAGLIATI, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 225 N.E. 34TH STREET SUITE 202 MIAMI, FL 33137 City 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 onligations of registered agent SIGNATURE. Signature: Expect or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2009, Fee will be \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILL **PVTS** ☐ Delete TITLE PRESIDENT Change Addition MALTAS 114TI, STEPHEN MALTAGLIATI, STEPHEN NAME 9444 LINCOLN RO # 10R 225 NE 34TH STREET., 202 STREET ADDRESS STREET ADDRESS CHY-ST-ZIC MIAMI, FL 33137 CITY-ST-ZIP MIAMI 33139 BEACH ☐ Delete TITLE Addition ☐ Change NAME NAME STREET MIDRISS STREET ADDRESS CITY STAZE CITY-ST-ZIP 1003 ☐ Delete THILE 144.5 NAME STAFFEL MODRESS STREET ADDRESS 347 57 212 CITY-ST-ZIP ---111() ☐ Delete TaTLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS 107-51-70 CITY-ST-ZIP ☐ Delete TIFLE TITLE Change Addition NAME 51REET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS 011 r - \$1 - 21P CITY-ST-ZIP 12. I hereby certify that the information supplied with this fill indicated on this report or supplemental report is true at of the corooration or the receiver or truetee empowered. ng does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the I like empowered. of the corporation or the receiver or twelve empowered changed, or on an attachment with an address, with all SIGNATURE: MG OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED Daylime Plione

12/11/20