

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 OCT 30 PM 2:00

DOCUMENT # K60919

1. Corporation Name

HOMWORKS, REALTY INC

2. Principal Office Address - No P.O. Box #

407 LINCOLN Rd

Suite, Apt. #, etc

10R

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

3. Mailing Office Address

407 LINCOLN Rd

Suite, Apt. #, etc.

10 R

City & State

MIAMI BEACH

Zip

FL

Country

33139

700161767897  
10/15/09--01033--002 \*\*150.00  
REINSTATEMENT 2009

4. Date Incorporated or Qualified  
To Do Business in Florida

1/25/1989

5. FEI Number

65-0076887

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

STEPHEN MALTAGLIATI

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

407 LINCOLN Rd #407

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33139

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/09/09

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
President	STEPHEN MALTAGLIATI	407 LINCOLN Rd #10R	MB, FL 33139

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 contained in Chapter 119, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/09/09 305-576-4643  
Date Daytime Phone #