

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 12 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT# N01000001709

1. Corporation Name

Home at Last International, Inc.

REINSTATEMENT 02-03

2. Principal Office Address

1727 N. Atlantic Ave

3. Mailing Office Address

3960 S. Banana Riv. Blvd

Suite Apt # etc

Suite Apt # etc

City & State

City & State

Cocoa Beach, FL

Cocoa Beach, FL

Zip

32931

Country

Brevard

Zip

32931

Country

Brevard

4. Date Incorporated or Qualified  
To Do Business in Florida

March 2001

5. FEI Number

59-3717808

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

Gary G. Runyan

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

3960 S. Banana River Blvd

Suite Apt # Etc

City

Cocoa Beach

State

FL

Zip Code

32931

8. I, being appointed registered agent of the above named corporation, am familiar with and accept the obligations of section 0.0505 or 1.050, F.S.

Signature of  
Registered Agent

*Gary Runyan*

REGISTERED AGENT MUST SIGN

Date 3-10-03

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
PD	Rachel Forness	333 S. Atlantic Ave	Cocoa Beach, FL 32931
SD	Joyce Dixon	29 Fairway Drive	Cocoa Beach, FL 32931
Dir.	Gary Runyan	3960 S. Banana River Blvd	Cocoa Beach, FL

10. I certify that I am an officer or director or trustee or empowered to execute this application as provided for in chapter 001, F.S. If I further certify that filing this reinstatement application, the reason for dissolution has been eliminated, the corporation name satisfies the requirements of section 0.001 or 1.001, 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 11.0(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:

*Gary Runyan*

Gary Runyan

3-10-03

321-784-4515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E08(1/0/02)