

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR 21 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N01000007186

1. Corporation Name

THE NATIONAL HOME FOUNDATION

2. Principal Office Address

1680 MICHIGAN AVENUE

3. Mailing Office Address

1680 MICHIGAN AVENUE

Suite, Apt. #, etc.

700

Suite, Apt. #, etc.

700

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. Date Incorporated or Qualified  
To Do Business In Florida

10/9/2001

5. FEI Number

65-1145281

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

ALEXANDER WENDELL

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

800 WEST AVENUE

Suite, Apt. #, Etc.

946

City

MIAMI BEACH

State  
FL

Zip Code  
33139

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

Date 1/29/2003

REGISTERED AGENT MUST SIGN

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
DC	ALEXANDER WENDELL	800 WEST AVENUE #946	MIAMI BEACH FL / 33139
T	Patricia Wendell	800 West Avenue #946	Miami Beach FL 33139
T	Mariano Contreras	8925 Collins Ave #11-B	Miami Beach FL 33141

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEXANDER WENDELL

1/29/2003

Date

305 672-6242

Daytime Phone #

2/21/03

CR2E081 (10/02)