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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 DEC 14 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N04000004528

1. Corporation Name

GIS Home Corp

W06-50289

2. Principal Office Address

500 Ne 155 terrace

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami, fl

City & State

Zip

33162

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/2004

5. FEL Number

20-1300445

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

Irene T. Hyppolite

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

12795 sw 54 street

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027-5562

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

[Handwritten Signature]

Date 10/16/2006

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
P/T	Irene T. Hyppolite (D)	12795 sw 54 street	miramar, fl 33027
VP	Serge G. Hyppolite (D)	12795 sw 54 street	miramar, fl 33027
Sec	Gracelle Toussaint (D)	500 ne 155 terrace	north miami, fl 33162

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irene T. Hyppolite

10/16/2006 305-829-9176

Date

Daytime Phone #

DEC 14 2006


November 7, 2006

GIS Home Corp
500 NE 155 Terrace
North Miami, FL 33161

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is a request for the reinstatement fee to be waived for the non profit corporation listed above. The corporation did not receive the annual report notices in the year of the dissolution in 2005.

Regards,

Irene T. Hyppolite
President