PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 DEC 30 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N060000 12053

1. Corporation Name

FOR A HOMELAND LIFE INC

000139360910
12/30/08--01039--002 **236.25

REINSTATEMENT 08-07-09

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2899 EAST LAKE RD	2899 EAST LAKE RD
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: KISSIMMEE FL	City & State: KISSIMMEE FL
Zip: 34744 Country: OSCEOLA	Zip: 34744 Country: OSCEOLA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: United States Corporation Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable): 13302 Binding Oaks Blvd.
Suite, Apt. #, Etc: Suite A-100
City: Tampa State: FL Zip Code: 33612

☑ 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 _____ Date 12/a/2008
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
PRESIDENT	EBEN A BRUNS	2899 EAST LAKE RD	KISSIMMEE FL 34744
SECRETARY	DANIEL R BRUNS	2899 EAST LAKE RD	KISSIMMEE FL 34744
TREASURER	DENISE M BRUNS	2899 EAST LAKE RD	KISSIMMEE FL 34744

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: _____ EBEN A BRUNS PRESIDENT 12/28/2008 (407) 716 6280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #