PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

FILED

16 DEC 29 PM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10000007761

1. Corporation Name

Immediate Housing Inc

800293724168
12/29/16--01005--013 **296.25

CR2E061 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1348 Washington Ave		1348 Washington Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 246		Suite 246	
City & State		City & State	
Miami Beach Florida		MB Florida	
Zip	Country	Zip	Country
33139	USA	33139	USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/16/2010

5. FEI Number: 80-0641706 ☐ 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: Cesar Balbin

Street Address (P.O. Box Number is Not Acceptable): 1348 Washington Ave

Suite, Apt. #, Etc.: Suite 199

City: MB | 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: [signature] Date: 12/28/2016

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
Pres.	Cesar Balbin	1348 Washington Ave #199	MB FL. 33139
Treas.	Ernesto B. Castano	1348 Washington Ave #246	MB FL. 33139
Sec.	Giselle Salcedo	1348 Washington Ave #246	MB FL. 33139

10. E-mail Address: cesarbalbinorders@hotmail.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony, as provided for in s.817.155, F.S.

SIGNATURE: [signature] Cesar Balbin 12/28/2016 7867098849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. ASHTON