

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 NOV 20 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006800

1. Corporation Name  
HOMESTEAD BMX, INC.

Principal Place of Business Mailing Address  
350 SE 6TH AVE 350 SE 6TH AVE  
HOMESTEAD FL 33030 HOMESTEAD FL 33030



REINSTATEMENT

2000

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
		c/o David Hillard		1/25/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 633	
		35250 SW 177 Ct 122		65-0903 APPLIED FOR	
City & State		City & State		Applied For	
		Florida City FL		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
		33034	U.S.		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/D	MARTINEZ, DENISE	1120 SE 13 TERR	HOMESTEAD FL 33035
P/D	DAVID M Hillard	35250 SW 177 Ct 122	Florida City FL 33034
VP	MARTINEZ, DENISE	14755 COOLIDGE LN.	HOMESTEAD FL 33033
T/S/D	Cathleen Coleman	28935 Maine Rd.	Homestead FL 33033
VP	LAPLANT, JERRY	5140 SW 113 AVE	MIAMI FL 33105
VID	James Coleman	28935 Maine Rd.	Homestead FL 33033
SB	LAPLANT, LOVIEDA	5140 SW 113 AVE	MIAMI FL 33105
D	Jeanine Hillard	35250 SW 177 Ct # 122	Florida City FL 33034
D	Susan Kennedy-Allen	35250 SW 177 Ct # 1806	Florida City FL 33034
D	Elaine Gordon	35250 SW 177 Ct # 180	Florida City, FL 33034

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MARTINEZ, DENISE 1120 SE 13 TERR - HOMESTEAD FL 33035	Name David M Hillard Street Address (P.O. Box Number is Not Acceptable) 35250 SW 177 Ct 122 Suite, Apt. #, Etc. City Florida City State FL Zip Code 33034

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent David M Hillard **SIGNATURE REQUIRED** Date 11-8-00  
REGISTERED AGENT MUST SIGN

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., 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.

800003497178-0  
-12/12/00--01063--029  
\*\*\*\*245.00 \*\*\*\*245.00

SIGNATURE: Cathleen A. Coleman **SIGNATURE REQUIRED** Date 11-8-00 Daytime Phone # 305 246-9777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)