

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N98000006800

1. Corporation Name

HOMESTEAD BMX, INC.

Principal Place of Business

350 SE 6TH AVE
HOMESTEAD FL 33030

Mailing Address

350 SE 6TH AVE
HOMESTEAD FL 33030

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 633

65-0903 APPLIED FOR

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

1/25/1998

2000

REINSTATEMENT

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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/SB	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, LOVIEA	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

MARTINEZ, DENISE
1120 SE 13 TERR -
HOMESTEAD FL 33035

9. Name and Address of New Registered Agent

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

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.

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-12/12/00--01063--029
****245.00 ****245.00

SIGNATURE:

Cathleen A. Coleman 11-8-00 305 246-9777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #