

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 SEP 19 AM 8:08


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800239629566

09/14/12--01032--001 **\$300.00

CR2E081 (11/10)

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **099000002441**

1. Corporation Name

**Homestead
Peace Makers**

2. Principal Office Address - No P.O. Box #

28122 S.W. 141 Pl

Suite, Apt. #, etc.

3. Mailing Office Address

28122 S.W. 141 Pl

Suite, Apt. #, etc.

City & State

Homestead

Zip

33033

Country

USA

City & State

Homestead FLA

Zip

33033

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2002

5. FEI Number

☐ 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

Melvin Lewis

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

28122 S.W. 141 Pl

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33033

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

Melvin Lewis

REGISTERED AGENT MUST SIGN

Date **09/06/2012**

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	Melvin Lewis	28122 S.W. 141 Pl	Homestead FLA 33033
T	Robert Ellis	1035 S.W. 8th	Homestead FLA 33030
S	Wayne T Joiner	13303 S.W. 187 Ave	Homestead FLA 33030
V.P.	Lorraine Mallory	281 SE. 6 Ave	Homestead FLA 33030
B.M.	Frank Robinson	1027 NW. 9 Ave	FLA City FLA 33034
B.S.	Ronald Watson	28124 S.W. 6 Ave	FLA City FLA 33034

10. E-mail Address:

(To be used for future annual report notification)

S. HAWKES

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 I sign 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 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EXAMINER

911575