


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 JUN 20 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/07)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT # P00000007776

1. Corporation Name

HOMES OF AMERICA TITLE CORPORATION

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

1414 NW 107TH AVE

Suite, Apt. #, etc.

SUITE 214

City & State

MIAMI, FL

Zip

33172

Country

USA

3. Mailing Office Address

SAME AS PRINCIPAL

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/00

5. FEI Number

65-0984647

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

CELLAW REGISTERED AGENTS, LLC

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

2601 S. BAYSHORE DRIVE

Suite, Apt. #, Etc.

SUITE 200

City

COCONUT GROVE

State

FL

Zip Code

33133

☒ 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



REGISTERED AGENT MUST SIGN

Date 06/17/08

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
PNSD	ROQUE, OLGA	1414 NW 107 AVE, #214	MIAMI, FL 33172
			000131630190
			06/24/08 01034 011 **150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY LOPEZ, AS ATTORNEY IN FACT

06/17/08

Date

Daytime Phone #