

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 19 AM 10:36

DOCUMENT # P00000023603

1. Corporation Name

FLORIDA HOME SHELLS CORP.

Principal Place of Business

9680 S.W. 102ND AVENUE ROAD
MIAMI FL 33176

Mailing Address

9680 S.W. 102ND AVENUE ROAD
MIAMI FL 33176

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

03/07/2000

5. FEI Number

65-0991567

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
PD	BADELL, EDUARDO SR.	9680 S.W. 102ND AVENUE ROAD	MIAMI FL 33176
PD	BADELL, EDUARDO A.	9680 S.W. 102ND AVE. RD.	MIAMI FL 33176

200004661152--9

-10/31/01--01053--020

****750.00 ****750.00

10/31

8. Name and Address of Current Registered Agent

BADELL, EDUARDO SR.
9680 S.W. 102ND AVENUE ROAD
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name: BADELL, EDUARDO A.

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

9680 SW. 102 AVE. RD.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

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

E. Badell

REGISTERED AGENT MUST SIGN

Date

10/17/01

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Badell Eduardo Badell Sr.

Date

10/17/01

Daytime Phone #

(305)
595-9614

CR20040 (8/01)