

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATE  
REINSTATEMENT



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

FILED

01 SEP 27 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000032883

1. Corporation Name

HOME ADVISORS, INC.

2. Principal Office Address

7800 W. OAKLAND PARK BLVD

Suite, Apt. #, etc.

C-107

City & State

SUNRISE FL.

Zip

33321

Country

USA

3. Mailing Office Address

P.O. BOX

Suite, Apt. #, etc.

267686

City & State

WESTON FL.

Zip

33326

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3-31-2000

5. FEI Number

65-1005372

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

JAMES L. SOULÉ, ESQ.

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

7515 W. OAKLAND PARK BLVD.

Suite, Apt. #, Etc.

100

City

FT. LAUDERDALE

State

FL

Zip Code

33319

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 9/25/01

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
Pres	ROGER A. CABRERA	7800 W. OAKLAND PARK BLVD	C-107 SUNRISE, FL 33321
Sec.	JAMES L. SOULÉ	7515 W. OAKLAND PARK BLVD	#100 FT. LAUDERDALE 33319
			LS

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 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]* ROGER A. CABRERA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/01 (954) 806-1032

Date

Daytime Phone #

CR2E081 (9/00)

2012

# Home Advisors, Inc.

## Real Estate Services

Licensed Real Estate Brokerage



September 25, 2001

Department of State  
Division of Corporation

Enclosed is the Reinstatement form, for Home Advisors, Inc. As I was told over the phone, I never received the form, because it was mail to the wrong address. Enclosed also is a check for \$ 150.00

I appreciated the help I was given over the phone to download the form, and reinstated the Corp.

Please give a call if you have questions or would like any additional information, looking forward to have the Corp. document in order, I thank you

Sincerely

A handwritten signature in cursive script, appearing to read 'Roger A. Cabrera'.

Roger A. Cabrera  
President Home Advisors, Inc.