


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
------------------------------	---	---

DOCUMENT # P00000035355

1. Corporation Name

E-HOMEFINDERS.COM INC.

Principal Place of Business

1900 S. OCEAN BLVD.,STE.15M
POMPANO BEACH FL 33067

Mailing Address

1900 S. OCEAN BLVD.,STE.15M
POMPANO BEACH FL 33067

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

04/03/2000

5. FEI Number

65-0719559

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KOPPELMA, RHONDA	1900 S. OCEAN BLVD.,STE.15M	POMPANO BEACH FL 33067

400004673014--5

11/08/01 01072 010
****150.00 ****150.00

8. Name and Address of Current Registered Agent

KOPPELMA, RHONDA
1900 S. OCEAN BLVD.,STE.15M
POMPANO BEACH FL 33067

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

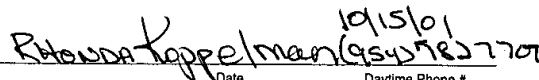

REGISTERED AGENT MUST SIGN

Date 10/15/01

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


Rhonda Koppelman 10/15/01 95457827700

Date

Daytime Phone #

MICHAEL J. DEMARIE, CPA

Certified Public Accountant

Member FICPA & AICPA

Member Private Companies Practice Section

5301 N. Federal Hwy., Suite 130

Boca Raton, FL 33487

(561) 989-9900 Telephone

(561) 989-9919 Fax

October 18, 2001

Florida Department of State
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32314

Re: E-Homefinders.Com Inc.
FEI #65-0719559

Dear Sir/Madam:

As I discussed with the Florida Department of State today, the corporate officer never received a cleared check (CHK # 1833) from the Department, for the above referenced taxpayer, but the Annual Report was filed in a timely manner during April 2001.

After reviewing the bank statement, the taxpayer discovered that the check did not clear the bank during April. This was mailed certified mail April 10, 2001.

We are enclosing another check to you in the amount of \$150 to cover the annual filing fees.

Please adjust your records. Thank you for your consideration in this matter.

Very truly yours,


Michael J. DeMarie, CPA

Concurrence:..


Rhonda Koppelman, President
E-Homefinders.Com Inc.