

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000048786

1. Corporation Name

HOMEMAX, INC.

2. Principal Office Address

734 Pinellas Bayway

Suite, Apt. #, etc.

City & State

Tierra Verde, FL

Zip

33715

Country

USA

3. Mailing Office Address

734 Pinellas Bayway

Suite, Apt. #, etc.

City & State

Tierra Verde, FL

Zip

33715

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/16/00

5. FEI Number

59-3647029

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

CFRA, LLC

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

One Harbour Place, 777 S. Harbour Island Boulevard

Suite, Apt. #, Etc.

5th Floor

City

Tampa

State

FL

Zip Code

33602

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

Edgell
REGISTERED AGENT MUST SIGN

Date 12/6/02

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/S/D	Olster, Bruce	734 Pinellas Bayway	Tierra Verde, FL 33715
D	Olster, Madeleine	734 Pinellas Bayway	Tierra Verde, FL 33715

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/9/02

(727) 463-1121

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HOMEMAX, INC.
734 Pinellas Bayway
Tierra Verde, Florida 33715

December 6, 2002

Florida Department of State
Division of Corporations
Reinstatement Department
409 E. Gaines Street
Tallahassee, Florida 32399

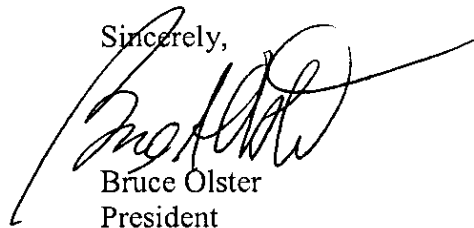
Re: HOMEMAX, INC.
Document No. P00000048786

Gentlemen:

This letter is attached to an application for the reinstatement of Homemax, Inc. Please accept this letter as our request for waiver of the \$600.00 reinstatement fee. We did not receive any notice for filing our 2002 Annual Report.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Bruce Olster", is written over a horizontal line.

Bruce Olster
President

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DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA000000017

Reference:
(Sub Account)

Date:

12/10/02

Requestor Name: Carlton Fields

Address: Post Office Box 190
Tallahassee, Florida 32302

Telephone: (850) 224-1585

Contact Name: Kim Pullen, CLA (x261)

** Please note
Reinstatement fees
waived per
attached letter -
- Should only be
charged \$150.00
+ 8.75*

Corporation Name:

Home Max, Inc.

Entity Number:

P00000048786

Authorization:

Kim Pullen

RECEIVED
02 DEC 10 AM 11:10
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

☐ Certified Copy

☐ New Filings

☐ Fictitious Name

Reinstatement

☐ Plain Stamped Copy

☐ Amendments

X

Certificate of Status

Annual Report

Registration

(X) Call When Ready

(X) Call if Problem

() After 4:30

(X) Walk In

() Will Wait

(X) Pick Up

CF Internal Use Only

Client: 43907 Matter: 98313

Name: Charlene Carpenter Office: TPA

*RUSH
Please!
Thanks*