

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 13 AM 8:00

DOCUMENT # P00000049015

1. Corporation Name

GREAT DOMICILES, INC.

2. Principal Office Address

8904 SW 17TH TERR

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

Country

33157

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT Q3 MRS

4. Date Incorporated or Qualified  
To Do Business in Florida

5-17-2000

5. FEI Number

65-101896

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

John Breit

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

8904 SW 17TH TERRACE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

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]

Date 10-10-03

REGISTERED AGENT MUST SIGN

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	John Breit	8904 SW 17TH TERR	Miami, FL 33157

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

10-10-03

Date

305-218-8211

Daytime Phone#

CR2E081 (10/02)

**HOLLANDER & ASSOCIATES**

**Accountants & Consultants**

**11410 North Kendall Drive, Suite 207  
Miami, Florida 33176  
Tel (305) 275-2557  
Fax (305) 275-2588**

October 10, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Ref: Great Domiciles, Inc.

To Whom It May Concern:

This letter is in reference to the above. WE contacted the Division of Corporations last week to inform you that the above did not receive the annual report. Enclosed please find the annual report we downloaded from [WWW.Sunbiz.org](http://WWW.Sunbiz.org), along with the filing fee disclosed of \$ 150.00.

Should you have any questions, please feel free to contact me at your convenience.

Very truly yours,



Mark J. Hollander