

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 OCT -2 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P00000052250

Corporation Name

HOME MANAGEMENT TEAM, INC.

300004642093--8

-10/18/01--01070--006

\*\*\*\*750.00 \*\*\*\*750.00

1. Principal Office Address

215 CELEBRATION PLACE

Suite, Apt. #, etc.

Suite 160

City & State

CELEBRATION, FLORIDA

Zip

34747

Country U.S.A

Osceola County

3. Mailing Office Address

609 Trumpet Place

Suite, Apt. #, etc.

City & State

Celebration, Florida

Zip

34747

Country U.S.A

Osceola County

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 30, 2000

5. FEI Number

59-3682198

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

THOMAS LARRY PUMPHREY

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

609 TRUMPET PLACE

Suite, Apt. #, Etc.

City

CELEBRATION

State  
FL

Zip Code

34747

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

REGISTERED AGENT MUST SIGN

Date 10/1/01

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
Chairman	Thomas L. Pumphrey	609 Trumpet Place	Celebration, Fla. 34747
Pres	Thomas L. Pumphrey	609 Trumpet Place	Celebration, Fla. 34747
Sec.	Thomas L. Pumphrey	609 Trumpet Place	Celebration, Fla. 34747
Treas	Thomas L. Pumphrey	609 Trumpet Place	Celebration, Fla. 34747

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

10/1/01  
Date

407-709-0155  
Daytime Phone #

CR20081 (9/00)