

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAY 15 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000055539

1. Corporation Name HomeLand Real Estate, Inc.

000005610600--8  
-05/24/02--01058--009  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

2. Principal Office Address  
10031 Pines Blvd

Suite, Apt. #, etc.

2412

City & State

Pembroke Pines

Zip  
33024

Country  
U.S.A.

3. Mailing Office Address  
10031 Pines Blvd

Suite, Apt. #, etc.

2412

City & State

Pembroke Pines

Zip  
33024

Country  
U.S.A.

**REINSTATEMENT** 01-02

4. Date Incorporated or Qualified  
To Do Business in Florida 5-30-00

5. FEI Number  
65-1017923

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

Elizabeth Echeverry

Street Address (P.O. Box Number is Acceptable)

1097 Golden cane Dr

Suite, Apt. #, Etc.

City

Weston

State  
**FL**

Zip Code

33024

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 5-13-02

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
D/P	Elizabeth Echeverry	1097 Golden cane Dr	Weston, FL 33024

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

[Signature]

5-13-02

Date

954-441-9093

Daytime Phone #

CR2E081 (9/00)