

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 MAR 13 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000055814

1. Corporation Name

Statewide Home Investment Corp

500005108495--7

-03/14/02--01064--017

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

2. Principal Office Address

10730 SW 147 Court

3. Mailing Office Address

14601 SW 88 St K106

Suite, Apt. #, etc.

Suite, Apt. #, etc.

K106

City & State

miami

City & State

FL

Zip

33196

Country

miami-dade

Zip

33186

Country

DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

6-9-00

5. FEI Number

65-1015352

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

Jose Balboa

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

10730 SW 147 Ct.

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33196

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

10/18/07

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	<u>Jose Balboa</u>	<u>10730 SW 147 Ct.</u>	<u>miami, FL 33196</u>
VP	<u>marie silver</u>	<u>10730 SW 147 Ct.</u>	<u>miami, FL 33196</u>
		<u>14601 SW 88 St</u> <u>K106</u>	<u>Miami, FL 33186</u>

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

11/1/01

Daytime Phone #

786-367-0010

CR2E081 (8/00)