

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

04 JAN 22 AM 8:00

DOCUMENT # P00000069800

1. Corporation Name
Homestead Medical Research, Inc.

2. Principal Office Address
692 N. Homestead Blvd

3. Mailing Office Address
11880 Bird Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 405

City & State

City & State

Homestead, Florida

Miami, Florida

Zip

Country

Zip

Country

33030

U.S.A.

33175

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/2000

5. FEI Number

654105477

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

Cabrera, Francesco

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

11880 Bird Road

Suite, Apt. #, Etc.

Suite 405

City

Miami

State
FL

Zip Code

33175

700027835617

01/29/04--01056--031 **308 75

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

REGISTERED AGENT MUST SIGN

Date 01/20/2004

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.D.S.	Cabrera, Francesco	11880 Bird Road Ste 405	Miami, FL 33175

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:

FRANCESCO CABRERA

01/20/2004 305
229-3848
Date Daytime Phone #

292

Homestead Medical Research, Inc.

11880 Bird Road
Suite 405
Miami, FL. 33175

January 20, 2004
Miami, Florida

Department of State
Division of Corporation
409 East Gaines Street
Tallahassee, FL 32399

RE: Corporation Reinstatement
Homestead Medical Research, Inc.
Document #: P00000069800

To Whom It May Concern:


This is to advise you that we did not received the Uniform Business Report for the year 2003; as a result, I am requesting you to please reinstate my corporation, Homestead Medical Research, Inc.

Enclosed please find, as per your instructions, a check for \$308.75 for the following expenses: \$150.00 for the filling of the Uniform Business Report for the year 2003, \$150.00 for the filling of the Uniform Business Report for the year 2004 and \$ 8.75 for a Certificate of Status.

Please mail any correspondences to the corporation's mailing address which is: 11880 Bird Road, Suite 405, Miami, Florida 33175 and please remove any previous address and officers from your old records.

I thank you in advance for your assistance.

Sincerely,



Francesco Cabrera
P.D.S.