PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 30 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000078984

1. Corporation Name
HOMEOWNERS ENTERPRISE, INC

REINSTATEMENT 02

800008707198
10/30/02--01110--001 **750.00

2. Principal Office Address	3. Mailing Office Address
3025 N. HILLSBOROUGH AVE	3025 W. HILLSBOROUGH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33614 Country:	Zip: 33614 Country:

4. Date Incorporated or Qualified To Do Business In Florida: 8-14-2000

5. FEI Number: 59-3672381 ☐ 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: JAMES RINI

Street Address (P.O. Box Number is Not Acceptable): 3025 W. HILLSBOROUGH AVENUE

Suite, Apt. #, Etc.:

City: TAMPA State: FL Zip Code: 33614

8. I, being appointed the registered agent of the above named corporation, acknowledge with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 10-22-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PST	JAMES RINI	3025 W. HILLSBOROUGH AVE.	TAMPA FL 33614

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.

James Ray Rini James R. Rini 10-22-02 813-817-0813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #