

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -9 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500010167785
01/16/03--01064--022 **908.75

DOCUMENT # P000000 81401

1. Corporation Name
Home Front Inc.

2. Principal Office Address
239 S. Grove St

Suite, Apt. #, etc.

City & State
Venice, FI

Zip Country
34292 USA

3. Mailing Office Address
120 Rose Drive

Suite, Apt. #, etc.

City & State
Venice, FI

Zip Country
34293 USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-1050438

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
Brian C. Bishop

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

Suite, Apt. #, Etc.

City
Venice

State Zip Code
FL 34293

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

Date 1-8-03

REGISTERED AGENT MUST SIGN

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
PD	Brian C. Bishop	120 Rose Drive	Venice, FI 34293
VP	Jeanne B. Bishop	120 Rose Drive	Venice, FI 34293

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

1-8-03

Date

941-480-0747

Daytime Phone #

CR2E081 (10/02)