

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

06 JUL 14 AM 10:03

DOCUMENT #

1. Corporation Name

HOME Doc Designs Inc.
P01000051372

2. Principal Office Address

1485 NW 33rd St

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Lauderhill, FL

City & State

Zip

33311

Country

Broward

Zip

Country

REINSTATEMENT

03-06

CR2E081 (12/05)

W06 000030182

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 23, 2001

5. FEI Number

65-1106438

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

Darryl J. Garrett

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

1485 NW 33rd St

Suite, Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33311

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

Darryl J. Garrett

REGISTERED AGENT MUST SIGN

Date

June 24, 2006

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
Dir	Darryl Garrett	1485 NW 33 rd St	Lauderhill, FL 33311
S	Delphia Garrett	1485 NW 33 rd St	Lauderhill, FL 33311

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 contained in Chapter 119, 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:

Darryl J. Garrett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 24, 2006

Date

(954)

295 0734

Daytime Phone #