

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000084365

1. Corporation Name

THE HOME INVESTORS GROUP, INC.

Principal Place of Business

4106 HOLLOW HILL DRIVE
TAMPA FL 33624

Mailing Address

~~4106 HOLLOW HILL DRIVE~~ PO BOX 271
~~TAMPA FL 33624~~ 992

Tampa FL
33688

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

PO BOX 271992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/2001

5. FEI Number

59-3740389

Applied For

Not Applied For

6.

CERTIFICATE OF STATUS DESIRED ☒

STATE Additional Fee for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City, State, Zip
PD	KHOURI, RYAN A	4106 HOLLOW HILL DRIVE	TAMPA FL 33624

800008833578

04/17/03--01009--014 **150.00

800008833578

11/08/02--01108--002 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name

Ryan A. Khouri

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

4106 Hollow Hill Drive

Suite, Apt. #, Etc.

City

Tampa

State, Zip Code

FL 33624

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/22/02

11. 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)(b), F.S. The information provided 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

Date and Time of Signature

ROBERT S. WISE, P.A.

Attorney at Law

1205 West Fletcher Avenue
Suite A
Tampa, Florida 33612-3363

Telephone (813) 968-8668
Telecopy (813) 968-8686

CERTIFIED MAIL

December 23, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: The Home Investors Group, Inc.
Ref. Number: P01000084365

Gentlemen:

Please be advised that this office represent The Home Investors Group, Inc. Enclosed we are returning to you our client's Application for Reinstatement together with copies of your letters of November 14th and December 2nd. On behalf of our client, we request that the reinstatement fee be waived. Our client did not receive two prior Uniform Business Report notices prior to the dissolution. Accordingly, we would request that the fee be waived and the corporation be reinstated.

Thank you for your consideration in this matter.

Very truly yours,

Robert S. Wise, P.A.

By: 

Certified Mail, Return Receipt Requested No.: 7001 2510 0003 8295 7590

RSW/dg
Enclosures

cc: The Home Investors Group, Inc., c/o Ryan Khouri