Division of Corporations

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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To: 301668.120209

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

HOME R US CUTLER DEVELOPERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

RH

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10 FEB 25 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000099918

1 Corporation Name
HOME R US CUTLER DEVELOPERS, INC.

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
6701 Collins Avenue	5101 Collins Avenue
Suite, Apt. #, etc: St. Julien Room	Suite, Apt. #, etc: Management Office
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33141 Country: USA	Zip: 33140 Country: USA

CR2E081 (11/00)

4 Date Incorporated or Qualified To Do Business in Florida: October 15, 2001
5 FEI Number: 65-1145098 ☐ 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: Zarelsky, Louis D.
Street Address (P.O. Box Number is Not Acceptable): ~~555 N.E. 15th Street~~ 2915 Biscayne BLVD
Suite, Apt. #, etc.: ~~Suite 100~~ SUITE 300 33137
City: Miami State: FL Zip Code: 33137

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8 I being familiar with the registered agent of the above named entity, accept the obligations of section 607.0505 or 617.0503 F.S.
Signature of Registered Agent: [signature] Date: 2-25-10
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D/S	Meruelo, Richard	5101 Collins Avenue, Management Office	Miami Beach, FL 33140
V/D	Meruelo, Belinda	5101 Collins Avenue, Management Office	Miami Beach, FL 33140

REINSTATEMENT RH

10 E-mail Address: LDZ@RZLLAW.com
(To be used for future annual report notification)

11 I certify that I am an officer or director of the corporation 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. I further certify the information indicated on the application is true and accurate and my signature shall have the same legal effect as if under oath.

SIGNATURE: [signature] Richard Meruelo, President 2/25/10 (213) 291-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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