

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 10 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000109961

1. Corporation Name

Homestead Autos, Inc.

2. Principal Office Address - No P.O. Box #

29330 S. Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

29330 S. Dixie Hwy

Suite, Apt. #, etc.

City & State

Homestead, FL

City & State

Homestead, FL

Zip

33030

Country

USA

Zip

33030

Country

USA

200163501402
12/10/09--01024--017 **1508.75
REINSTATEMENT CR2E081 (11/09) 04-09

4. Date Incorporated or Qualified
To Do Business in Florida 11/15/2001

5. FEI Number

651155767

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

Rich, David

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

29330 S. Dixie Hwy

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33030

☐ 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 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

REGISTERED AGENT MUST SIGN

Date 12/9/2009

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	Armstrong, William J.	29330 S. Dixie Hwy	Homestead, FL 33030
SVTD	Rich, David	29330 S. Dixie Hwy	Homestead, FL 33030

10. E-mail Address: billuc@gmail.com

(To be used for future annual report notification)

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. I further certify 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

Date

Daytime Phone #

12/10/09