

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 21 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900009155629  
11/21/02--01105--006 \*\*150.00



DOCUMENT # P01000115137

1. Corporation Name

HOME REVIEW, INC.

Principal Place of Business

6720 SW 48 TERRACE  
MIAMI FL 33155

Mailing Address

6720 SW 48 TERRACE  
MIAMI FL 33155

4011 West Flagler St  
MIAMI, FL 33134 Suite 502

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

2. New Principal Office Address, If Applicable

4011 W Flagler St.  
Suite, Apt. #, etc. 502

3. New Mailing Office Address, If Applicable

SAME AS ABOVE  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/03/2001

5. FEI Number

☒ Applied For  
☐ Not Applicable

City & State

MIAMI, FL

City & State

Zip 33134 Country MIAMI-DATE

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres/ Secretary	Olga Limonte	6720 SW 48 Terr	MIAMI, FL 33155

8. Name and Address of Current Registered Agent

LIMONTE, OLGA  
6720 SW 48 TERRACE  
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

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 617.0505, F.S.

Signature of  
Registered Agent

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date 11-15-02

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)(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 REQUIRED~~  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-667-6500  
11-15-02 ↓

CR2E040 (8/02)

# Home Review

11/16/2002

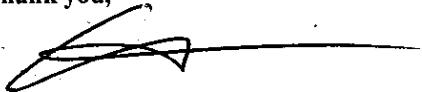
Reinstatement Department  
Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

Gentlemen:

I did not receive the reinstatement letter and did not know, since this is my first year, that I had to send the reinstatement.

Please accept my delay and my reinstatement check in the amount of \$150.00.

Thank you,



Olga Limonte  
President  
Home Review, Inc.