

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 OCT 30 AM 8:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000118060

1. Corporation Name

HOMESTAR AT SUNSET COVE, INC.

Principal Place of Business

PO BOX 560702
MIAMI FL 33256

Mailing Address

PO BOX 560702
MIAMI FL 33256

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

2. New Principal Office Address, If Applicable

10691 N. Kendall Dr.

Suite, Apt. #, etc.

311

City & State
Miami, Florida

Zip
33176

Country
USA

3. New Mailing Office Address, If Applicable

10691 N. Kendall Dr

Suite, Apt. #, etc.

311

City & State
Miami Florida

Zip
33176

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/2001

5. FEI Number

☒ Applied For

☐ Not Applicable

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
D,P,T	Jose P. Fernandez	10691 N. Kendall Drive	Miami, FL 33176
S	Olga Palma	10691 N. Kendall Drive	Miami, FL 33176

000008707660
10/30/02--01104--023 **750.00

8. Name and Address of Current Registered Agent

FERNANDEZ, JOSE P
16205 NSW 68TH TERRACE
MIAMI FL 33193

9. Name and Address of New Registered Agent

Name
Jose P. Fernandez
Street Address (P.O. Box Number is Not Acceptable)
10691 N. Kendall Drive
Suite, Apt. #, Etc.
311
City
Miami
State
FL
Zip Code
33176

CR2E040 (8/02)

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 10/26/02

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

10/26/02 305-270-0157

Date Daytime Phone #