

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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03 OCT 10 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000032927**

1. Corporation Name

New Home Dimensions, Inc.

HB

700023706937
10/10/03--01046--002 **758.75

REINSTATEMENT 2003

2. Principal Office Address

999 Brickell Bay Drive

Suite, Apt. #, etc.

Lobby Suite 101 Box-15

City & State

Miami Florida

Zip

33131

Country

Dade

3. Mailing Office Address

999 Brickell Bay Drive

Suite, Apt. #, etc.

Lobby Suite 101 Box-15

City & State

Miami Florida

Zip

33131

Country

Dade

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/26/2002

5. FEI Number

61-140-9639

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

Maria L. Prada

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

999 Brickell Bay Drive

Suite, Apt. #, Etc.

Suite 101 Box-15

City

Miami

State

FL

Zip Code

33131

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

Maria Lucia Prada

REGISTERED AGENT MUST SIGN

Date 10/08/2003

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
P	Maria L. Prada	999 Brickell Bay Dr. Suite 101 Box-15	Miami, FL 33131
D	Maria L. Prada	999 Brickell Bay Dr. Suite 101 Box-15	Miami, FL 33131

10. 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:

Maria Lucia Prada

Maria L. Prada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/08/2003 305-374-6100

Date

Daytime Phone #

CR2E081 (10/02)