

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 10 PM 6:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000045020**

1. Corporation Name

**Holmes Capital, Inc.**

2. Principal Office Address

**12565 Orange Dr**

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 404**

City & State

**Davie, Florida**

City & State

Zip

**33330**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**01-0663332**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**100037046151**  
05/24/04--01086--001 \*\*300.00

7. Name and Address of Current Registered Agent

Name

**Keith Liverpool**

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

**4974 N. University Dr.**

Suite, Apt. #, Etc.

City

**Lauderhill**

State

**FL**

Zip Code

**33351**

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

**Keith Liverpool**

REGISTERED AGENT MUST SIGN

Date

**5-1-04**

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
<b>P</b>	<b>Jennifer Holmes</b>	<b>5034 S University Dr.</b>	<b>Davie, FL, 33328</b>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jennifer Holmes**

Date

**5-1-04 (954)-746-5011**

Daytime Phone #

CR2E081 (01/04)



ACCOUNTING & BUSINESS SERVICES, INC.

4974 North University Drive • Sunrise, FL • 33351

*Florida Department of Revenue  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL, 32314*

*March, 24, 2004*

*RE: Holmes Capital Inc.  
DN: P02000045020*

*To Whom It May Concern:*

*In reference to the above company, my client received a notice from the Department of State an Application for reinstatement stating that the corporation was dissolved due to the non-filing of the 2003 UBR. It is our understanding that this is the first notice that my client has received.*

*My client didn't receive the 2003 UBR and was unaware of the penalties as well. We ask that you may please take this into consideration and waive my client's penalty and late fees. Thank you for your consideration and immediate help.*

*Please feel free to contact us at the number listed below if any further information is needed. Enclosed you will find a check for the amount of three hundred.*

*Respectfully,*

*Ruth Liverpool  
PAccountant*

Ruth Liverpool, President

Phone: 954-746-5011 • Fax 954-746-7996

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