

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 18 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Home Improvement Enterprises,
Inc.
PO2000067449

2. Principal Office Address

11382 Prosperity Farms Road

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 228 A, Bldg G

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Zip

33410

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/17/02

5. FEI Number

50-0003781

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

Eliyahu Azulay

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

11382 Prosperity Farms Road

Suite, Apt. #, Etc.

Suite 228 A, Bldg G

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

Date

REGISTERED AGENT MUST SIGN

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
Pres	Eliyahu Azulay	300 Uno Lago Drive #405	N.P.B., FL 33408

REINSTATEMENT 03 1 TS

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

Nov 18, 2003

Date

Daytime Phone #

CR2E081 (10/02)