

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 SEP 22 PM 5:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-02000079010

1. Corporation Name

CONFIN HOME REALTY INC.

[Handwritten Signature]

REINSTATEMENT 2003

100023270871

09/23/03--01026--003 **750.00

2. Principal Office Address

7990 SW 117 AVENUE

Suite, Apt. #, etc.

135

City & State

MIAMI, FLORIDA

Zip

33183

Country

US

3. Mailing Office Address

7990 SW 117 AVENUE

Suite, Apt. #, etc.

135

City & State

MIAMI, FLORIDA

Zip

33183

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

14-1838661

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

MARIANELA NAVARRETE

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

7990 SW 117 AVENUE

Suite, Apt. #, Etc.

135

City

MIAMI

State

FL

Zip Code

33183

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

REGISTERED AGENT MUST SIGN

Date 09/17/2003

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,VP,S,	MARIANELA NAVARRETE	7990 SW 117 AVENUE # 135	MIAMI, FLORIDA 33183

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:

Mariela Navarrete

MARIANELA NAVARRETE

9/17/2003

305-480-9625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)