PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

P02000115633 DOCUMENT #

1. Corporation Name

HOMELAND REALTY OF S.E. FLORIDA INC

Principal Place of Business

Mailing Address

6051 MIRAMAR PARKWAY HOLLYWOOD FL 33023

6051 MIRAMAR PARKWAY HOLLYWOOD FL 33023

FILED

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SECRETARY OF STATE TALLAHASSEE, ELORIDA



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If above addresses are incorrect in any way, line the 2. New Principal Office Address, If Applicable		Office Address, If Applicable		orated or Qualified		
6051 MIRAMARDIN	SAME		4. Date incorporated or Qualified To Do Business in Florida 10/28/2002			
Suite, Apt. #, etc.	Suite, Apt. #,	etc.		5. FEI Number		Applied For
City & State City & State				68-053 372 5 Not Applicable		
MIRAMAN FL				6		
Zip 33093 Country USA	Zip	Count	try	CERTIFICATE		.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and	d/or Director (Flo	rida nonprofit corpor	rations must list at le	ast 3 directors)		
Title(s) Name of Officers and/or Directors		Street Address of Eacl Officer and/or Director			City / State / Zip	
D JOE KURUVILA			NE GAUE			DIEPL 33334
<u>'</u>		LOK-16	AURDOLG	PC 33334	<u> </u>	
VP "		17	/		1/	_
SEC "		1/		·	' 11	
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		r	•	10\10\030101300\ **120\00		
		 		ne e'	-	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent			
		, <i>, , i</i>	Name	`	•• ••	. /
KURUVILA, JOE			Street Address (P.O. Box Number	is Not Asceptable)	>
5238 N.E. 6TH AVE., #26B						
OAKLAND PARK FL 33334		Suite, Apt. #, Etc).			
•			City		State	
10. I, being appointed the registered agent of the ab	ove named corpo	ration, am familiar v	vith and accept the c	obligations of Secti		
			_			y
Signature of Registered Agent	811				Date	7/03
11 certify that I am an officer or director or the reco	hier or truetee em	nowand to evacute	n this application as	provided for in cha	ntor 607 or 617 E.S. Lfuitho	contifu that when filling

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:



Homeland Realty of South Florida Inc.

BROWARD OFFICE (CORPORATE):

6053 Miramar Parkway, Hollywood, FL 33023. Phone: 954-983-3497, Fax: 954-983-1535

MIAMI DADE OFFICE (BRANCH):

505A N.E. 125 Street, North Miami, FL 33161. Phone: 305-895-5938, Fax: 305-895-7292

October 13/2003

TO:

DIVISION OF CORPORATION REINSTATEMENT DEPT.

TO WHOM IT MAY CONCERN

I open this business in 10/28/2002. I didn't never receive a formal form from your office for renewal.

I attach \$150 for renewal fee (this is as per my telephone conversation).

Sincerely

President