2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0300004096 1. Entity Name HIDDEN HOMES, INC.					SECKE TALLAHA	SEP 29 0	D			
	., .		Est		TALLAHI	- 71 1881 :	^M 3:08			
Principal Plac	e of Business	Mailing Address			7	SSEE	Mir			
11110 W. OAKLAND PARK BLVD.		11110 W. OAKLAND PARK BLVD.				", "	RIDA			
STE 166 Sunrise, Fl. 33351 "US		STE 166 Sunrise, FL 33351 US			1 '					
					<u> </u>					
2. Principal Place of Business		3. Mailing Address					(a nd 1640 3 40		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				REIN-P	CR2E098			
City & State		City & State			4. FEI Number		 		olied For Applicable	
Zip	Country Zip Cour				5. Certificate of S	Status Desired		3.75 Addi Bequired		
Name and Address of Current Registered Agent			N/a	7. Name and Address of New Registered Agent Name						
SAMUELS, JASON .				1 Maine						
11110 W.	OAKLAND PARK BLVD		Street Address			(P.O. Box Number is Not Acceptable)				
STE 166	FL 33351									
OOM NOE,	1 2 30001		Ci	y	FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE										
urgranore, typed or principal registerion and time in expensione. (Notice inequalities of agriculture requires when reinstatung) UATC										
	LE NOW!!! FEE IS \$150.00 nuary 1, 2006, Fee will be \$300.0			accordance vorporation did						
10.	OFFICERS AND		11.		ADDITIONS/CHA	ANGES TO OFF				
TITLE NAME	P SAMUEALS, JASON	☐ Delete	TITLE				L) Change	Addition	
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CITY-ST-ZIP	SUNRISE, FL 33351			120	<u> 1900 y 1900</u>		ح ۲۰۰۰	_	·	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as in quiried by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if										
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
9 28 05 ·										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Description Desc										
J. J										