FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT 27 AM 11:48

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000020090

600137619806
11/04/08--01028--010 **450.00

REINSTATEMENT

B 10/27/08

CR2E081 (10/08)

06-08

1. Corporation Name

Homes for Less Corporation

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
281 NW 127 Avenue		281 NW 127 Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami FL		Miami FL	
Zip	Country	Zip	Country
33182	USA	33182	USA

4. Date Incorporated or Qualified To Do Business in Florida 02/19/2003

5. FEI Number 59-3767089 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Gonzalez, Orlando

Street Address (P.O. Box Number is Not Acceptable): 281 NW 127 Avenue

Suite, Apt. #, Etc.:

City: Miami — State: FL — Zip Code: 33182

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, submit with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 10/21/2008

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
P	Orlando Gonzalez	281 NW 127 Avenue	Miami FL 33182
V	Pablo Lopez	7101 NW 113 Ct	Miami FL 33178
S	Barbara Callado	7101 NW 113 Ct	Miami FL 33178
T	Martha Callado	281 NW 127 Avenue	Miami FL 33182

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 contained in Chapter 119, 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: _____ 10/21/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #