2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 JAN -3 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11142005 REIN-P CR2E098 (6/04)

DOCUMENT # P03000044437

1. Entity Name
FULL HOME CORP.

Principal Place of Business	Mailing Address
13918 SW 139 CT MIAMI, FL 33186	13918 SW 139 CT MIAMI, FL 33186
2. Principal Place of Business: 8112 SW 73 Ave	3. Mailing Address: 8112 SW 73 Ave
Suite, Apt. #, etc.: #4	Suite, Apt. #, etc.: #4
City & State: MiAMi FL	City & State: MiAMi - FL
Zip: 33143 Country: USA	Zip: 33143 Country: USA

4. FEI Number: 56-2348067 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALVA, ALEXIS 8112 SW 73RD ROAD NO 4 MIAMI, FL 33143	Name Street Address (P.O. Box Number is Not Acceptable) City 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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ALVA, ALEXIS 8112 SW 73RD ROAD NO 4 MIAMI, FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100063010541 01/06/06--01056--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROBILLIARD, LEO 8112 SW 73RD ROAD NO 4 MIAMI, FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 1/3
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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.

SIGNATURE: ______________________________ 12/20/05 305-984-8687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #