

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN -9 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000155827

1. Corporation Name

Hometown Entrepreneur, Inc.

2. Principal Office Address

15404 79 Court North

Suite, Apt. #, etc.

City & State

Loxahatchee, FL

Zip
33470

Country
USA

3. Mailing Office Address

13200 SW 128 St

Suite, Apt. #, etc.

Suite F2

City & State

Miami, FL

Zip
33186

Country
USA

REINSTATEMENT
CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/03

5. FEI Number

30-0222896

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
JEFFREY L BARHAM

Street Address (P.O. Box Number is Not Acceptable)
15404 79 Court North

Suite, Apt. #, Etc.

City
LOXAHATCHEE

State
FL

Zip Code
33470

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

Jeffrey L Barham
REGISTERED AGENT MUST SIGN

Date
1/4/06

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
Pres	Jeffrey L Barham	15404 79 Court North	Loxahatchee, FL 33470
VP	Jeffrey L Barham	15404 79 Court North	Loxahatchee, FL 33470
Sec	Jeffrey L Barham	15404 79 Court North	Loxahatchee, FL 33470

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:

Jeffrey L Barham

Jeffrey L Barham

1/4/06

754-367-1389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Hometown Entrepreneur, Inc.

Corporation Name: Hometown Entrepreneur, Inc.
Document #: P03000155827

To Whom It May Concern:

I'm writing this letter to request the reinstatement fee be waived. I did not receive any report notices. This is a one man operation. I'm new to this & I was unaware that you had to renew annually. My local Post Office was also not very reliable & have heard of problems loosing mail.

We moved to Loxahatchee within the last two months. I contacted someone at your offices on 1/4/05, gave them my document # & asked to have the Corporation's address updated. They had me fax the request to them. I did & the address was updated immediately. During that conversation I was not made aware that my company was inactive. A copy of the fax is attached. Up until now I was unaware of your website but I will check it periodically. Thank you for your consideration.

Thank you,

A handwritten signature in black ink, appearing to read 'Jeff Barham', with a long horizontal flourish extending to the right.

Jeffrey L Barham
President