

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 JUL 21 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400061415234

11/14/05--01054--001 \*\*150.00

DOCUMENT # 04000064950

1. Corporation Name

California Homes Design Corp  
754 Sharmen Palms Ln #B  
Campbell, CA 95008

2. Principal Office Address - No P.O. Box #

754 Sharmen Palms

Suite, Apt. #, etc.

#B

City & State

Campbell, CA

Zip

95008

Country

U.S.

3. Mailing Office Address

754 Sharmen Palms

Suite, Apt. #, etc.

#B

City & State

Campbell, CA

Zip

95008

Country

U.S.

REINSTATEMENT

CR2E081 (12/07)

05-08

4. Date Incorporated or Qualified  
To Do Business in Florida

4/20/04

5. FEI Number

76-0758937

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

Ramon Ferrer

Street Address (P.O. Box Number is Not Acceptable)

14748 SW 56th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33185

☐ 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, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Ramon Ferrer

Date 7-14-08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Ramon Ferrer	754 Sharmen Palms	Campbell CA 95008

400061415234

07/21/08--01053--030 \*\*1050.00

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:

Ramon Ferrer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-08 (408) 529-9968

Date

Daytime Phone #

B. Mitchell

JUL 21 2008

Charge RIA address from  
ca. to miami per request  
from Ramon Ferrer 7-24-08