

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000135364

1. Entity Name:  
HOME FINANCIAL, INC.



**FILED**  
06 MAY 22 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1717 N. BAY SHORE DR., APT.  
MIAMI, FL 33132

Mailing Address  
1717 N. BAY SHORE DR., APT.  
MIAMI, FL 33132

2. Principal Place of Business  
1717 NORTH BAYSHORE DRIVE  
Suite, Apt. #, etc.  
2156

3. Mailing Address  
1717 NORTH BAYSHORE DRIVE  
Suite, Apt. #, etc.  
2156

City & State  
MIAMI FLORIDA  
Zip  
33132  
Country  
US

City & State  
MIAMI FLORIDA  
Zip  
33132  
Country  
US



05122006 REIN-P CR2E098 (11/05)

4. FEI Number  
51-0525220  
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

ESTOPINALES, YANET  
1717 N. BAY SHORE DR., APT.  
MIAMI, FL 33132

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 *Yanet Estopinales*  
Signature, typed or printed name of registered agent and title if applicable.

YANET ESTOPINALES  
(NOTE: Registered Agent signature required when reinstating)

05/12/06  
DATE

**FILE NOW!!! FEE IS \$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 PD ☐ Delete  
NAME ESTOPINALES, YANET  
STREET ADDRESS 1717 N. BAY SHORE DR., APT.  
CITY-ST-ZIP MIAMI, FL 33132

TITLE PD ☐ Change ☒ Addition  
NAME ESTOPINALES, YANET  
STREET ADDRESS 1717 N. BAYSHORE DRIVE SUITE # 2156  
CITY-ST-ZIP MIAMI FL 33132

TITLE VD ☐ Delete  
NAME ALCANTARA, ALDO  
STREET ADDRESS 1717 N. BAY SHORE DR., APT.  
CITY-ST-ZIP MIAMI, FL 33132

TITLE VD ☐ Change ☒ Addition  
NAME ALCANTARA, ALDO  
STREET ADDRESS 1717 NORTH BAYSHORE DRIVE APT # 2156  
CITY-ST-ZIP MIAMI FL 33132

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900076252069  
06/16/06--01013--004 \*\*\*308.75

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Yanet Estopinales* YANET ESTOPINALES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 05/12/06 305.220.0250  
Daytime Phone #