

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 MAY 22 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05-06

DOCUMENT # P04000135364

1. Entity Name:
HOME FINANCIAL, INC.



Principal Place of Business 1717 N. BAY SHORE DR., APT. MIAMI, FL 33132	Mailing Address 1717 N. BAY SHORE DR., APT. MIAMI, FL 33132
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2. Principal Place of Business 1717 NORTH BAYSHORE DRIVE Suite, Apt. #, etc. 2156	3. Mailing Address 1717 NORTH BAYSHORE DRIVE Suite, Apt. #, etc. 2156
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City & State MIAMI FLORIDA	City & State MIAMI FLORIDA		
Zip 33132	Country US	Zip 33132	Country US



05122006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent

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

4. FEI Number
51-0525220

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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* **YANET ESTOPINALES** DATE: 05/12/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete ESTOPINALES, YANET 1717 N. BAY SHORE DR., APT. MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete ALCANTARA, ALDO 1717 N. BAY SHORE DR., APT. MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ESTOPINALES, YANET 1717 N. BAYSHORE DRIVE SUITE # 2156 MIAMI FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ALCANTARA, ALDO 1717 NORTH BAYSHORE DRIVE APT # 2156 MIAMI FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900076252069 06/16/06--01013--004 **308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** DATE: 05/12/06 305.220.0250

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