

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000156607

1. Entity Name  
HOME PRIDE AND COMPANIES OF FLORIDA, INC.



FILED

06 JUN -5 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2501 N.E. 30th St.  
FORT LAUDERDALE, FL 33306

Mailing Address  
2501 N.E. 30th St.  
FORT LAUDERDALE, FL 33306

2. Principal Place of Business  
2501 N.E. 30th St.

3. Mailing Address  
2501 N.E. 30th St.



05042006 REIN-PT CR2E098 11/05 06

Suite, Apt. #, etc.

City & State  
FORT LAUDERDALE, FL

Zip  
33306

Country  
USA

4. FEI Number

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent  
COCHRAN, LUKE  
2501 N.E. 30th St.  
FORT LAUDERDALE, FL 33306

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
2501 N.E. 30th St.  
City  
FORT LAUDERDALE FL Zip Code  
33306

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 5-1-06

(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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COCHRAN, LUKE J 12407 BUFFALO ROAD SPRINGFIELD, NE 68059 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUETTICKE, GARY 2620 SOUTH 50TH STREET OMAHA, NE 68106 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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: DATE 5-1-06 DAYTIME PHONE # 402-689-4040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR