

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT 27 PM 5:5

SEC
TALLY

DOCUMENT # **PO4000159573**

1. Corporation Name

AmeriHome Plan, Inc.

2. Principal Office Address

1621 Audil Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

West Palm Bch, FL

City & State

West Palm Bch, FL

Zip

33409 USA

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/06

5. FEI Number

058611523

☒ 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

Emmanuel Antoine

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

1621 Audil Dr.

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33409

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

Emmanuel Antoine

REGISTERED AGENT MUST SIGN

Date **10/10/06**

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
CEO	Emmanuel Antoine	1621 Audil Dr.	WPB, FL 33409

200081303442
10/27/06--01056--012 **8.75

200081303442
10/27/06--01056--013 **300.00

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:

Emmanuel Antoine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/06

Date

(561) 255-8669

Daytime Phone #

October 10th, 2006

To Whom It May Concern:

I, Emmanuel Antoine, CEO and Owner of AMERIHOMES PLAN, INC. which document number is P04000159573 and date filed was on November 24, 2004. I would like to say that I never received the renewal annual report in my mail since the beginning of year 2005. As of October 10th, 2006 I called the Department of corporation in Florida to find out how come I did not receive the renewal form in my mail for Amerihomes Plan, Inc. Therefore, I enclose a reinstatement form and \$300 as the clerk told me from Florida Department of Corporation.

Sincerely,


10/19/06