

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND

APPROVED
FILED

07 DEC -4 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-5-07
RJ

200112805242
12/04/07--01011--020 **300.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000021125

1. Corporation Name

Home Design Consultant Corp

2. Principal Office Address - No P.O. Box #
3006 NW 79 Ave.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33122

Country
Dade

Zip

Country

REINSTATEMENT

06-07

4. Date Incorporated or Qualified
To Do Business in Florida 2/8/2005

5. FEI Number
20-230700L

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
Monica Vallejo Garcia

Street Address (P.O. Box Number is Not Acceptable)
19390 Collins Ave.

Suite, Apt. #, Etc.
603A

City
Sunny Isles

State
FL

Zip Code
33160

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 Monica Vallejo Garcia
REGISTERED AGENT MUST SIGN

Date 11/28/2007

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
P	Monica Vallejo Garcia	19390 Collins Ave. Apt. 603 A	Sunny Isles, FL 33160
VP	Maria Eugenia Vallejo	19390 Collins Ave. Apt. 603 A	Sunny Isles, FL 33160

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: Monica Vallejo Garcia 11/28/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #