

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000077319

1. Corporation Name

HOME SECRETS, CORP.

2. Principal Office Address - No P.O. Box #

7962 NW 116TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33178

Country

USA

3. Mailing Office Address

7962 NW 116TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33178

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 05/26/2005

5. FEI Number

202934606

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:

JOSUE LEON

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

7962 NW 116TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

☐ 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

REGISTERED AGENT MUST SIGN

Date 03/02/10

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
PVST	JOSUE LEON	7962 NW 116th St.	MIAMI/FL/33178

900171277489

03/04/10--01044--006 **750.00

10. E-mail Address: jleon09@hotmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/10

Date

(305) 3320106

Daytime Phone #

FILED

10 APR 29 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800178919228
04/29/10--01033--008 **150.00

REINSTATEMENT

09-10