

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 11 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000128267



1. Entity Name
MEDINA HOME MORTGAGE, INC

Principal Place of Business
3268 SW 132 PL.
MIAMI, FL 33175

Mailing Address
3268 SW 132 PL.
MIAMI, FL 33175

2. Principal Place of Business

410 14 STREET SE
Suite, Apt. #, etc.

3. Mailing Address

410 14 STREET, SE
Suite, Apt. #, etc.



12082006

REIN-P

CR2E098 (11/05)

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number

Applied For
Not Applicable

Zip
34117

Country
USA

Zip
34117

Country
U.S.A

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

6. Name and Address of Current Registered Agent

MEDINA, LUIS
3268 SW 143 PL.
MIAMI, FL 33175

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

Signature, typed or printed name of registered agent and/or if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME MEDINA, LUIS
STREET ADDRESS 3268 SW 143 PL.
CITY-ST-ZIP MIAMI, FL 33175

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100082634191
12/19/06--01018--003 **150.00

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STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #