

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN 25 PM 12:04

DOCUMENT #

1. Corporation Name

P 05000166513  
Homewrecker Demolition Inc.

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

5630 SW 185 way

Suite, Apt. #, etc.

3. Mailing Office Address

5630 SW 185 way

Suite, Apt. #, etc.

City & State

SW Ranches FL

City & State

SW Ranches FL

Zip

33332

Country

Broward

Zip

33332

Country

Broward

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/27/05

5. FEI Number

204059430

☒ 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

Robert Comes

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

5630 SW 185 way

Suite, Apt. #, Etc.

City

SW Ranches

State

FL

Zip Code

33332

☒ 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

Robert Comes

Date 6/9/08

REGISTERED AGENT MUST SIGN

**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	Robert Comes	5630 SW 185 way	SW Ranches FL 33332
V/A	Coretta Comes	5630 SW 185 way	SW Ranches 33332

B 6/25/08  
REINSTATEMENT 06-08

200131673312  
06/25/08--01006--001 \*\*450.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Comes

Robert Comes 6/9/08

Date

Daytime Phone #

(786) 4062488