

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 # P 05000166513
1. Corporation Name 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

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 Cones

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 Cones 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
<u>P</u>	<u>Robert Cones</u>	<u>5630 SW 185 way</u>	<u>sw Ranches FL 33332</u>
<u>VII</u>	<u>Coretta Cones</u>	<u>5630 SW 185 way</u>	<u>sw Ranches 33332</u>
	<u>B 6/25/08</u>		
	<u>REINSTATEMENT 06-08</u>		
			<u>200131673312</u> <u>06/25/08--01006--001 **450.00</u>

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: Robert Cones Robert Cones 6/9/08 (786) 4062488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #