

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000000170

1. Entity Name

H.M.S. DEVELOPER, INC. Hms Developer Inc



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC -5 AM 9:14

Principal Place of Business
11861 SW 205TH STREET
MIAMI, FL 33177

Mailing Address
11861 SW 205TH STREET
MIAMI, FL 33177

2. Principal Place of Business - No P.O. Box #

12750 S.W. 188TH STREET

Suite, Apt. #, etc.

3. Mailing Address

12750 S.W. 188TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33177

Country

U.S.A.

City & State

MIAMI, FLORIDA

Zip

33177

Country



02-21-06 90014 011 815800
04112007 REIN-P

CR2E098 (1/07)

06-07

4. FEI Number

57-0546623

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIGUEREDO, MANUEL
11861 SW 205TH STREET
MIAMI, FL 33177

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

Manuel Figueredo

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME FIGUEREDO, MANUEL
STREET ADDRESS 11861 SW 205TH STREET
CITY-ST-ZIP MIAMI, FL 33177

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 600113158056
STREET ADDRESS 12/14/07--01045--011 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Manuel Figueredo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-969-5909

Daytime Phone #

per conversation on 12/3/07 the notice was not receive in 2006
to reinstat and it was all late fees to be paid