## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILE SECRITARY C
DOCUMENT # PUL 0000	178470	Big o m
1. Corporation Name		
The Home CONTER INC.		
THE THOME CENTER	INC.	
		<del></del>
\$		600302530375   08/15/1701001008 **100.00
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	00/10/11 01001 000 110010
	3. Maning Office Address	· 6003025303 <b>7</b> 6 88/15/1701001007 <b>**</b> 500.00
546 NE 165 ST Suite, Apt. #, etc.	Suite Att # elc.	UB/15/17U1UU1UJ7 **5UU,UU CR2E081 (11/10)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
		Date Incorporated or Qualified     To Do Business in Florida
City & State	City & State	5, FEI Number   Applied For
NMR FL	NMA EI	5. FEI Number Applied For Not Applicable
MMB, FL ZIP Country	Zip Country	
33162 MIGHI-DAN.	33162 Migni-1) A)c.	CERTIFICATE OF STATUS DESIRED  S8.75 Additional Fee required for a Certificate of Status
	Current Registered Agent	
Name		600302530376 08/15/1701001006 **500.00
Windrest Daded		U8/15/17U18U1U86 **580.88
Street Address (P.O. Box Number is Not Acceptable		800902530376
22214 Bella DR		600302530376 08/15/1701001005 **500,00
Suite, Apt. #, Etc.		l i
City		6003025303 <b>7</b> 6 08/15/1701001004 **500.00
2 Z )	FL 374CC	Ü8/15/17Ü1ÜÜ1ÜÜ4 **SÜÜ.ÜÜ
OCA - 1100		
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		Date _ 8 / 8 / 17.
RI RI	CISTERED ACENT MUST SIGN	Date
9 Names and Street Addresses of Each Officer and	l/or Director (Florida nonprofit corporations must list at le	ast 3 directors\
Nome of	D. A. H	
Titles Officers and/or Directors	Officer and/or Director	City / State / Zip
P VINCENT REDEN		
P VINCENT Ogden	22214 BellA DI	2 BOCA RATON, FC 33455
•		· ·
		08-17
		0011
		AUG 2 2 2017
		AUD & & 2011
		S. YOUNG
		<u> </u>
10. E-mail Address: T. gondii. 84 Canail 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., and 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		
if made under oath. I am aware that false information	on submitted in a document to the Department of State co	institutes a third degree felony as provided for in s.817.155, F.S.