

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000144566

1. Corporation Name

Home Place Enterprises Inc.

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

9542 Navarre Pkwy  
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 5189  
Suite, Apt. #, etc.

City & State

Navarre FL

Zip Country

32566 USA

City & State

Navarre FL

Zip Country

32566 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11-2006

5. FEI Number

20-5896536

☐ 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

Stacey M. Marshall

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

9542 Navarre Pkwy

Suite, Apt. #, Etc.

City

Navarre

State

FL

Zip Code

32566

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

Stacey Marshall

REGISTERED AGENT MUST SIGN

Date: 9/23/11

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	Tina Marie Robinson	1774 Navarre Pkwy #1204	Navarre FL 32566
S	LaDeridra Edmond	6444 Heronwalk dr	Gulf Breeze FL 32563
M/T	Stacey Marshall	6937 Flintwood st	Navarre FL 32566

10. E-mail Address: twr.robinson@yahoo.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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Tina M. Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 14, 11 850-563-5995

Date

Daytime Phone #

FILED

11 SEP 26 AM 9:42

RECEIVED  
DATE  
TIME

REINSTATEMENT 10-11

CR2E081 (11/10)

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9/27/11