

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
11 DEC 28 PM 5:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P07000019895

1. Corporation Name

OPEN HOME NETWORK, INC.

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

2901 S. Bayshore Drive

3. Mailing Office Address

Suite, Apt. #, etc.

#15G

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33133

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/13/2007

5. FEI Number

☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

Joseph Santilli

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

2901 S. Bayshore Drive

Suite, Apt. #, Etc.

#15G

City

Miami

State

FL

Zip Code

33133

900215592179  
12/28/11--01039--007 \*\*1200.00

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 12/27/2011

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
Dir	Joseph Santilli	2901 S. Bayshore Drive, #15G	Miami, FL 33133
Pres	Joseph Santilli	2901 S. Bayshore Drive, #15G	Miami, FL 33133

REINSTATEMENT

9008-2011

10. E-mail Address: joe@santilli.net

(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 § 817.155, F.S.

SIGNATURE:

*Joseph Santilli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/2011

Date

(305) 444-5178

Daytime Phone #