

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

17 DEC 20 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P11000022979

1 Corporation Name

Home Stretchers, Inc.

700308868137  
12/20/17--01002--001 \*\*1050.00

2. Principal Office Address - No P.O. Box #  
224 Datura Street

3. Mailing Office Address  
224 Datura Street

Suite, Apt. #, etc.  
409

Suite, Apt. #, etc.  
409

City & State  
West Palm Beach, FL

City & State  
West Palm Beach, FL

Zip  
33401

Country  
Palm Beach

Zip  
33401

Country  
Palm Beach

CR2E061 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
March 2011

5. FEI Number  
36-4693405

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  
Tiffany M. McManus

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

Suite, Apt. #, Etc.  
409

City  
West Palm Beach

State Zip Code  
FL 33401

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 11/17/17

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	James C. Sadler	224 Datura Street, Suite 409	West Palm Beach, FL 33401

10. E-mail Address: bravorin@aol.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:

*[Signature]*  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/17/17 Daytime Phone #