2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000006905

Entity Name: HOMESTEAD PLAZA, INC.

FILED Apr 12, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

247 MINORCA AVENUE 3870 LEAFY WAY

CORAL GABLES, FL 33134 COCONUT GROVE, FL 33133

Current Mailing Address: New Mailing Address:

P. O. BOX 144294 CORAL GABLES, FL 33134

FEI Number: 65-0392926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARRISON, JOHN C JR
247 MINORCA AVENUE

HARRISON, JOHN C JR
3870 LEAFY WAY

CORAL GABLES, FL 33134 US COCONUT GROVE, FL 33133 US

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.

SIGNATURE: JOHN HARRISON 04/12/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 HARRISON, JOHN C JR
 Name:
 HARRISON, JOHN C JR

 Address:
 247 MINORCA AVENUE
 Address:
 3870 LEAFY WAY

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: COCONUT GROVE, FL 33133

Title: S () Delete Title: S (X) Change () Addition Name: MONTGOMERY, MARIE J Name: MONTGOMERY, MARIE J

Name: MONTGOMERY, MARIE J Name: MONTGOMERY, MARIE Address: 247 MINORCA AVENUE Address: 3870 LEAFY WAY

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C HARRISON PD 04/12/2006

Electronic Signature of Signing Officer or Director

Date