

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000041425

1. Corporation Name

Citihome Development Corporation

Principal Place of Business

Mailing Address

901 Ponce de Leon Blvd. same
Suite 600
Coral Gables, FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
see above

3. New Mailing Office Address, if Applicable
see above

4. Date Incorporated or Qualified To Do Business in Florida

June 10, 1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0438527

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
JOC	Manuel N. Mato	901 Ponce de Leon Blvd Suite 600	Coral Gables, FL 33134
OP	E. Daniel Lopez	901 Ponce de Leon Blvd Suite 600	Coral Gables, FL 33134
			500002512445-9 -05/06/98-01011-001 ****900.00 ****900.00
REINSTATEMENT			

8. Name and Address of Current Registered Agent

George Befeler, Esq.
100 Southeast 2nd Street
Suite 3700
Miami, Florida 33131

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/28/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/28/98

Date

Daytime Phone #

FILED
98 APR 29 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA