

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Andrés B. Fornari
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000015595

1. Corporation Name

THE NEW HOMESTEAD GROUP, INC.

Principal Place of Business

12725 SW 218th Street
Miami, FL 33170

Mailing Address

12725 SW 218th Street
Miami, FL 33170

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/94

5. FEI Number

65-0421698

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 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
P/D	PATRICIA MELLERSON	224 Washington Ave., #224	Homestead, Florida 33030
V/D	Richard Doesarran	16300 SW 145 Avenue	Miami, Florida 33177
S/D	VIRA L. PHILLIPS	12725 SW 218th Street	Miami, Florida 33170
T/D	ROY G. PHILLIPS	12725 SW 218th Street	Miami, Florida 33170

8. Name and Address of Current Registered Agent

ROY G. PHILLIPS
12725 SW 218th Street
Miami, Florida 33170

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Roy G. Phillips
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Roy G. Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy G. Phillips, Treasurer

Date

305-237-5010

Daytime Phone #

CR25040 (1/93)