PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

97 NOV 13 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P94000052052

1. Corporation Name: MetroHome Development Corporation

Principal Place of Business	Mailing Address
901 Ponce De Leon Blvd. 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	3. New Mailing Office Address, If Applicable
3850 Bird Road	
Suite, Apt. #, etc.: 2nd FLoor	Suite, Apt. #, etc
City & State: Coral Gables, FL	City & State
Zip: 33146 County: USA	Zip / Country

4 Date Incorporated or Qualified To Do Business in Florida: 7/14/94

5 FEI Number: 65-0504340 ☐ 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	Manuel M. Mato	3850 Bird Road, 2nd Flr	Coral Gables, FL 33146
CEO	E. Daniel Lopez	3850 Bird Road, 2nd Flr	Coral Gables, FL33146
VP	Mike Verdeja	3850 Bird Road, 2nd Flr	Coral Gables, FL 33146

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

Hector Formoso-Murias, Esq.
1101 Brickell Avenue
Penthouse
Miami, FL 33131

9. Name and Address of New Registered Agent

Name: Ignacio G. Zulueta, Esq.
Street Address (P.O. Box Number is Not Acceptable): 6255 Bird ROad
Suite, Apt. #, Etc:
City: Miami State: FL Zip Code: 33155

CR2E040 (12/96)

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 11/12/97

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: _____ 11/12/97 (305) 445-0171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #