

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000082481			
1. Corporation Name Hometown Realty of Broward, Inc.			
2. Principal Office Address 2500 Weston Road Suite, Apt. #, etc. Suite 105 City & State Weston, Florida Zip 33331		3. Mailing Office Address 2500 Weston Road Suite, Apt. #, etc. Suite 105 City & State Weston, Florida Zip 33331	
Country Broward		Country Broward	

FILED
02 MAY 20 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

01-02

4. Date Incorporated or Qualified To Do Business in Florida	11/07/94
5. FEI Number	65-0545472
6. CERTIFICATE OF STATUS DESIRED ☐	Applied For Not Applicable
\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Douglas Briceño	
Street Address (P.O. Box Number is Not Acceptable) 2500 Weston Road	
Suite, Apt. #, Etc. Suite 105	
City Weston	State FL
Zip Code 33331	

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-06/03/02--01020--014
****900.00 ****300.00

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	Date 5/17/02
REGISTERED AGENT MUST SIGN	

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/D	Douglas Briceño	2500-Weston Rd., Ste. 105	Weston, FL 33331
VP/D	Jesus Machado	2500 Weston Rd., Ste. 105	Weston, FL 33331

10. 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	VICE-PRES. Date
(954) 384-6803 Daytime Phone #	

CR2E081 (9/01)