

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

AND  
FILED

98 NOV 20 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000022602**

1. Corporation Name

**CONTINENTAL HOME FUNDING, CORP.**

Principal Place of Business

10661 S.W. 88 ST.  
#216  
MIAMI FL 33176

Mailing Address

10661 S.W. 88 ST.  
#216  
MIAMI FL 33176

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

2. New Principal Office Address, If Applicable

10661 SW 88 ST.

Suite, Apt. #, etc.

# 113

City & State

MIAMI FL.

Zip

33176

Country

USA

3. New Mailing Office Address, If Applicable

10661 SW 88 ST.

Suite, Apt. #, etc.

# 113

City & State

MIAMI FL.

Zip

33176

Country

USA

**REINSTATEMENT** 98

4. Date Incorporated or Qualified  
To Do Business in Florida

03/21/1995

5. FEI Number

65-0565259

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
PD	REYES, MANOLO JR	8920 S.W. 96TH STREET	MIAMI FL 33176

500002700735--5  
-12/02/98--01088--002  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

REYES, MANOLO JR  
8920 S.W. 96TH STREET  
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name

MANOLO J. REYES

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

8900 SW 96 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 11-6-98

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

Yes ☒ No ☐

(See instructions 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 OF MANOLO REYES, JR.  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-6-98

Daytime Phone #

305-275-0001

CR2E040 (9/98)