PLEASE READ ALL INS	TRUCTIONS BEFORE (	COMPLETING THIS FORM	
APPLICATION FLORID	DA DEPARTMENT OF STATE Sandra B. Mortham Special of State		
REINSTATEMENT	Secretary of State	FILED	
DOCUMENT # <b>P95000030729</b> 1 Corporation Name		96 NOV 12 AM 9: 15	
HOME PAGE PRESS, INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA	1
Principal Place of Business  3706 N. OCEAN BLVD STE. 430 FT. LAUDERDALE FL 33308  FT. LAUDERDALE FL 33308  If above addresses are incorrect in any way, line through incoder.	TOSS A. Portley. SONT BLYD. STE - NO. TONE FI. 2002. TONE FI. 2002	Drilotatelii	- NT
New Principal Office Address, II Applicable     New Principal Office Address, II Applicable	<u> </u>	4. Date Incorporated or Qualified	<u> </u>
Suite, Apt. #, etc. Suite, Apt. #	est Atlantic Blad	5. FEI Number	4/14/18
City & State City & State			
Zip Country Zip 330	162 Brown	CERTIFICATE OF STATUS DESIRED	75 Additi Draitier
7 Names and Street Addresses of Each Officer and/or Director (Fi	orida nonprofit corporations must list at lea		
Title(s) and/or Directors	Officer and/or Director 3 (Do NOT Use Post Office Box I	Numbers) 4 City / St	ate / Zip
Wigner Wayne W. Kearney	1256 Country Circ	le Melbourre F	·L
usida Karl Slatuer	3200 Galt Ocean &	5, 41012 Ft, Landerdal	le F
Viele Jeffrey R. Shapiro	3700 Galt Ocean B 10147 Boca Extreda Blu	d # 222 Boca Rator F	:2
<b>y</b>		200002008	522
		****375.00	***
			B
8. Name and Address of Current Registered Ag	ent Name	9. Name and Address of New Registered	lgent
SLATNER, KARL	<u> </u>	20.0	
3706 N. OCEAN BLVD., STE. 430 FT. LAUDERDALE FL 33306	Suite, Apt. #, Etc	P.O. Box Number Is Not Acceptable)	
10 I, being appointed the registered stemped the story famped com	City	State FL	Zip Co
To 1, being appointed the registeron attention the appyr ramed con	oration, am familiar with and accept the o	Diligations of Section 607.0505, F.S.	

Signature of Registered Agent Date \_10-2-96

Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

No 🗷 Yes l

(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 filling this reinstalement 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 each.

SIGNATURE:

— KARL SLATNER
OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Applied For Not Applicable aar hare ringaatei