

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

98 JAN 23 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000041984**

1. Corporation Name

FLORIDA HOME ASSOCIATES, INC

Principal Place of Business

Mailing Address

**803 VISTA MEADOWS DRIVE
WESTON, FL 33327**

**803 VISTA MEADOWS DRIVE
WESTON, FL 33327**

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

2. New Principal Office Address, If Applicable

803 VISTA MEADOWS DRIVE

3. New Mailing Office Address, If Applicable

803 VISTA MEADOWS DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON, FL

City & State

WESTON, FL

Zip

33327

Country

BROWARD

Zip

33327

Country

BROWARD

4. Date Incorporated or Qualified To Do Business in Florida

05-30-95

5. FEI Number

65-0585453

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES	MELVIN BLANKFELD	803 VISTA MEADOWS DRIVE	WESTON, FL 33327
			200002415102--7
			-01/28/98--01100--001
			****150.00 ****150.00
			200002415102--7
			-01/28/98--01100--002
			****165.00 ****165.00
			FL 1-26-99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MELVIN BLANKFELD 803 VISTA MEADOWS DRIVE WESTON, FL 33327	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	
	State	Zip Code
	FL	

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

Melvin Blankfeld
REGISTERED AGENT MUST SIGN

Date **12/12/97**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melvin Blankfeld
PRESIDENT

Date

12/12/97

Daytime Phone #

(954) 731-1201

CR2E040 (12/96)