PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
1996 DEC 17 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000091404

1 Corporation Name
HOMORI, INC.

Principal Place of Business	Mailing Address
Broward County FL	~~Ft. Federal Hwy Pompano, FL 3~~

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

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
HOMORI, INC.	HOMORI, INC.
Suite, Apt. #, etc. 3317 W. Hillsboro Blvd	Suite, Apt. #, etc. 3317 W. Hillsboro Blvd
City & State Deerfield Beach FL	City & State Deerfield Beach FL
Zip 33443 Country Broward	Zip 33443 Country Broward

4. Date Incorporated or Qualified To Do Business in Florida: Nov. 30, 1995

5. FEI Number: 65-0645920 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	KONSTANTINOS ALEXOPOULOS	5700 Camino Del Sol #401	Boca Raton, FL 33433
T	EKATERINI ALEXOPOULOS	5700 Camino Del Sol #401	Boca Raton, FL 33433
			000002033910--7 -12/19/96--01060--010
			****375.00 ****375.00
		REINSTATEMENT	196 12-17-96

8. Name and Address of Current Registered Agent

KONSTANTINOS ALEXOPOULOS
5700 Camino Del Sol #401
Boca Raton, FL 33433

9. Name and Address of New Registered Agent

Name: KONSTANTINOS ALEXOPOULOS
Street Address (P.O. Box Number is Not Acceptable): SAME
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

CR2E040 (12/95)

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: Konst Alexopoulos — REGISTERED AGENT MUST SIGN — Date: December 13, 1996

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.)

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Konst Alexopoulos — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — December 13, 1996 Date — (954) 429-3998 or (561) 347-8432 Daytime Phone #