FEB. 22. 1999 9:50AM READ ALL INSTRUCTIONS BEFORE COMPLETING IT NO. 223 P. 4/4

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 FEB 22 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000080492

1. Corporation Name
HOMESMART PROPERTIES, INC

Principal Place of Business	Mailing Address
~~[illegible]~~ 130 WILSHIRE BLVD CASSELBERRY, FL 32707	1516 CUTHILL WAY CASSELBERRY, FL 32707

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

REINSTATEMENT 01-04

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
ABOVE	ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/21/96

5. FEI Number: 59-3418883 ☐ 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
P	LESLIE STILES	1516 CUTHILL WAY	CASSELBERRY, FL 32707
S	JAMES M. STUDEMAN	1516 CUTHILL WAY	CASSELBERRY, FL 32707
			900002789399--0 ~~02/26/99 01113--017~~ ***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

JAMES M. STUDEMAN
1516 CUTHILL WAY
CASSELBERRY, FL 32707

9. Name and Address of New Registered Agent

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

2-23-99

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: James M Studeman — Date: February 23, 1999
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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.

James M Studeman