DI EACE DEAD	ALL INCTOLICTION	0 DECODE (COMPLETING THIS FORM		
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTM Sandra B. Mo Secretary of DIVISION OF CORP	ÉÑT OF STATE Ortham State ORATIONS	COMPLETING THIS FORM.		
DOCUMENT # # 7001 1. Configration Name THE HOME COAL	N STORE, IN	1392 'c.	98 OCT -9 PM 3: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	A	
Principal Place of Business 7845 W SAMPLE RO CORAL SPRINGS FC	Mailing Address AL SAME 33065		à		
If above addresses are incorrect in any way, line through incorrect information and enter 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If					
ite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number	Applied For	
City & State			65-0791000	Not Applicable	
Zip Country	Zip Cour	itry	OFDIFICATE OF OTATUS DESIDES [7]	idditional Fee required Certificate of Status	
7. Names and Street Addresses of Each Officer and					
Title(s) and/or Directors Officer and		itreet Address of Eacl Officer and/or Director Use Post Office Box I	r City / State /	Zip	
PASS EVAN BRAUNITEIN COCONAT CAREL FO					
	1	3, 10	10000266 6.1 -10/16/98011 ****150.00 *	214 112009 ****150.00	
8. Name and Address of Current Registered Agent 9. Wame and Address of New Registered Agent Name					
EVAN BRAUNSTEIN			P.O. Box Number is Not Acceptable)		
8502 NW 41 AVE		Suite, Apt. #, Etc.			
COCONNT CREEK FL 33073 City			State Zip Code		
10. I, being appointed the registered agent of the above		vith and accept the of	bligations of Section 607.0505, F.S.		
Signature of Registered Agont Evan Braudle RE	CITY GISTERED AGENT MUST SIGN	· -	Date 196/98 _		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No I (See other side for information on intangible tax.)					
12. I certify that I am an officer or director or the received this reinstatement application, the reason for dissolowed by the corporation have been paid and the non this application is true and accurate, and my signature.	ution has been eliminated, the corp ames of individuals listed on this fo	orate name satisfies t rm do not qualify for a	the requirements of section 607,0401 or 617,0401, F an exemption under section 119,07(3)(i), F.S. The in	C that all tops	
SIGNATURE: Eas Bauston 19678 954 344 0777 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone #					

The Home Loan Store, Inc. 7845 W. Sample Road Coral Springs, FL. 33065

Florida Department of State Division of Corporations P. O. Box 6237 Tallahassee, Fl. 32314

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Ref: Late Annual Report Filing.

Dear Sirs:

We are writing to request abatement of all late fees for the filing of our annual report. We did not receive any forms due to address change and did not discover that we were late until we notified by a bank that our corporation was delinquent.

We have enclosed a completed form along with our check for \$ 150. to cover the original filling fee.

Sincerely,

Evan Braunstein, President

Evan Baunstein