

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 15 PM 2:36

DOCUMENT # **P97000093274**

1. Corporation Name

Home Modification & Safety, Inc.

2. Principal Office Address

8010 Cleary Blvd

Suite, Apt. #, etc.

105

City & State

Plantation, FL

Zip

33324

Country

Broward

3. Mailing Office Address

8010 Cleary Blvd

Suite, Apt. #, etc.

105

City & State

Plantation, FL

Zip

33324

Country

Broward

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-3-1997

5. FEI Number

65-0795924

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Peter TALATI

300005175113--6

Street Address (P.O. Box Number is Not Acceptable)

8010 Cleary Blvd

Suite, Apt. #, Etc.

Apt - 105

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Peter Talati

REGISTERED AGENT MUST SIGN

Date **3-11-02**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

P

President

Peter TALATI

8010 Cleary Blvd #105

Plantation, FL 33324

3/26

10. 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:

Peter Talati

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-02

Date

(954) 424-2229

Daytime Phone #

CR2E081 (9/01)