

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 13 PM 2:28

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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02/28/03--01015--011 **308.75

DOCUMENT # P98000024746

1. Corporation Name

HomeLife Fidelity, Inc.

2. Principal Office Address

103 N Meridian ST

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32301

Country

3. Mailing Office Address

103 N Meridian ST

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32301

Country

2002-2003 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/98

5. FEI Number

58-2392927

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corp Direct Agents, Inc.

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

103 N Meridian St

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Cynthia A. Hinkle

Date

2/13/03

REGISTERED AGENT MUST SIGN

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
Pres	Alvin Briceourt	2081 East Country Club Drive #307	Aventura FL 33180

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:

Alvin Briceourt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

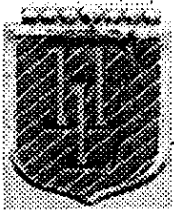
02/12/03

Date

(305) 932-4274

Daytime Phone #

CR2E081 (10/02)



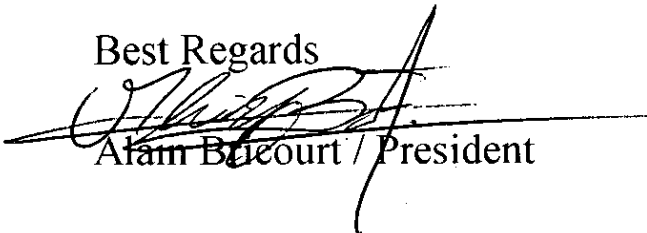
HomeLife Fidelity

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To whom it may concern

This is to certify that HomeLife Fidelity has had a change of address in 2001 and requested for mail to be forwarded by the post office and although we choose not speculate on what must have happened the fact is that we did not receive the business report forms. We can assure that this will not happen again as this office has retained CorpDirect Agents as our registered agents and feel confident that they will keep track of the future business reports and prevent this from occurring once more. Your understanding and cooperation is greatly appreciated.

Best Regards



Adam Bricourt / President