

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000046058

1. Entity Name
HOME ATTITUDES, INC.



FILED

06 OCT 16 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
09222008 REIN-PL CR2E098 (11/05)

Principal Place of Business
**1734 MAIN ST.
WESTON, FL 33326**

Mailing Address
**1734 MAIN ST.
WESTON, FL 33326**

2. Principal Place of Business
12940 W STATE RD 84

3. Mailing Address
12940 W STATE RD 84

Suite, Apt. #, etc.

City & State
DAVIE FL

City & State
DAVIE FL

Zip
33325

Country
USA

Zip
33325

Country
USA

4. FEI Number
65-0841817

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GOMEZ, LEOPOLDO
245 SE 1ST STREET
#430
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
13887 SW 140 STREET

City
MIAMI

FL

Zip Code
33186

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **9-22-06**

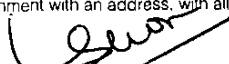
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST PEREIRO, MIRTA 1734 MAIN STREET WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12940 W STATE RD 84 DAVIE FL 33325
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEREIRO, MARIO 1734 MAIN STREET WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12940 W STATE RD 84 DAVIE FL 33325
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Mirta Pereiro 954-473-1336 9-22-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #