

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000077770

1. Corporation Name

HOMEPRO SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

101425 OVERSEAS HWY. STE 727
KEY LARGO FL 33037

101425 OVERSEAS HWY. STE 727
KEY LARGO FL 33037

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

101425 OVERSEAS HWY

101425 OVERSEAS HWY

Suite, Apt. #, etc.
PMB-727

Suite, Apt. #, etc.
PMB 727

City & State
KEY LARGO, FL

City & State
KEY LARGO, FL

Zip
33037

Country
USA

Zip
33037

Country
USA

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/1998

5. FEI Number

65-0859436

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	HALL, KENNETH M	117 OCEAN SHORE DR 246 APACHE ST.	KEY LARGO FL 33037 TAVERNIER, FL 33070
S	HALL, CYNTHIA J	117 OCEAN SHORE DR 246 APACHE ST.	KEY LARGO FL 33037 TAVERNIER, FL 33070

200024329592
10/31/03--01028--003 **150.00

8. Name and Address of Current Registered Agent

JAMES, WALBURN K CPA
200 EXECUTIVE WAY
PONTE VEDRA BEACH FL 32082

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

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. or 617.0505, F.S.

Signature of
Registered Agent

JAMES K. WALBURN
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/29/03

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/03 305-451-0740
Date Daytime Phone #

CR2E040 (7/03)