

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000085917**

1. Corporation Name

HOME GROUP, INC.

Principal Place of Business

7481 WEST OAKLAND PARK BLVD
303
LAUDERHILL FL 33319

Mailing Address

7481 WEST OAKLAND PARK BLVD
303
LAUDERHILL FL 33319

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

2. New Principal Office Address, If Applicable

~~7481 West Oakland Park Blvd~~

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

~~7481 West - 204~~

Suite, Apt. #, etc.

City & State

~~Lauderhill FL~~

City & State

Zip

~~33319~~

Country

~~Broward~~

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/1998

5. FEI Number

65-0874218

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BUDHRAM, DANA	8279 N.W. 36TH ST.	SUNRISE FL 33351
VPD	BUDHRAM, SHASTRI J	8279 N.W. 36TH ST.	SUNRISE FL 33351

800024375908
11703703--01032--025 **150.00

8. Name and Address of Current Registered Agent

BUDHRAM, DANA
8279 N.W. 36TH ST.
SUNRISE FL 33351

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

REGISTERED AGENT MUST SIGN

Date

10/28/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. JAY Budhrum

Date

10/28/03

Daytime Phone #

CR20040 (7/03)

HOME GROUP INC

7481 WEST OAKLAND PARK BLVD

SUITE 204

LAUDERHILL FL 33319

PH. 954-741-2400 FAX. 954-741-2404

TO: FLORIDA DEPARTMENT OF STATE
RE: 2003 ANNUAL CORP REPORT
FEI: 65-0874218

PLEASE NOTE THAT I NEVER RECEIVED ANY
RENEWAL NOTICE. MY SUITE NUMBER HAS
CHANGED TO 204, PLEASE CORRECT YOUR
RECORDS. I HAVE ATTACHED THE FEE OF \$150.00 AS
REQUIRED. PLEASE FEEL FREE TO CALL WITH ANY
QUESTIONS.



S. JAY BUDHRAM / VPD
