

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT 29 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000016925

1. Corporation Name

Safont Homes Corp.

2. Principal Office Address

7265 NW 169 Terrace

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33015

Country

USA

3. Mailing Office Address

7265 NW 169 Terrace

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33015

Country

USA

REINSTATEMENT

03-04

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

1999

5. FET Number

65-0895757

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

Jorge A Safont

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

7265 NW 169 Terrace

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

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

Date

10/1/04

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
President	Jorge A Safont	7265 NW 169 Terrace	MIAMI, FL 33015

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/1/04

305-216-0278

Daytime Phone #

CR2E081 (01/04)

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

**We did not receive any notice for 2003 requesting a
reinstatement fee.**

Sincerely,

A handwritten signature in black ink, consisting of several overlapping loops, positioned above the printed name.

Jorge A Safont
President
Safont Homes Corporation