

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 28 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000018670

1. Corporation Name *HomeWorks Automation, Inc.*

2. Principal Office Address

3. Mailing Office Address

P.O. Box 970963

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton, FL

Zip

Country

Zip

Country

33497

USA

4. Date Incorporated or Qualified To Do Business in Florida

2/17/99

5. FEI Number

65-0909117

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT *03-04*

7. Name and Address of Current Registered Agent

Name *MARK FELUREN*

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

2200 N. COMMERCE PARKWAY

600039734216

*07/30/04--01057--023 **300.00*

Suite, Apt. #, Etc.

202

City

WESTON

State

FL

Zip Code

33326

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 *July 27, 2004*

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 |
|--------|-----------------------------------|--|----------------------------|
| CEO | <i>David Bothrecht</i> | <i>2913 N 33 Ave</i> | <i>Hollywood, FL 33021</i> |
| CFO | <i>Eric Zimmerman</i> | <i>3838 Ferris St.</i> | <i>Hollywood, FL 33021</i> |
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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

7/27/04 *561.347.9677*
Date Daytime Phone #

CP2E081 (01/04)