


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Jim Smith Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P99000021697

1. Corporation Name

HOMESIDE CORPORATION

Principal Place of Business

400 SW 107 AVENUE, SUITE 402A  
MIAMI FL 33174

Mailing Address

400 SW 107 AVENUE, SUITE 402A  
MIAMI FL 33174

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

2. New Principal Office Address, If Applicable

1525 S.W. 87 Ave

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33174

Country

USA

3. New Mailing Office Address, If Applicable

1525 S.W. 87 Av

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33174

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/09/1999

5. FEI Number

65-0926649

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVTS	SOMEILLAN, ALBERT	400 SW 107 AVENUE, SUITE 402A	MIAMI FL 33174
D	SOMEILLAN, ALBERT	400 SW 107 AVENUE, SUITE 402A	MIAMI FL 33174

7000008769497  
11/04/02--01007--010 \*\*750.00

8. Name and Address of Current Registered Agent

KINGCADE, TIMOTHY S ESQ  
KINGCADE BUILDING  
1370 CORAL WAY  
MIAMI FL 33145-2960

9. Name and Address of New Registered Agent

Name

Albert Someillan

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

1525 S.W. 87 Av.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33174

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

  
REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-27-02

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:

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

Date

Daytime Phone #

10-27-02

305-207-8570