

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000030076

1. Entity Name
HOME AMERICA, INC.



FILED
06 SEP 22 11:10:40

Principal Place of Business
18839 BISCAYNE BLVD
AVENTURA, FL 33180

Mailing Address
18839 BISCAYNE BLVD
AVENTURA, FL 33180

2. Principal Place of Business
2875 NE 191 Street
Suite, Apt. #, etc.
2nd Floor - Suite 200

3. Mailing Address
2875 NE 191 Street
Suite, Apt. #, etc.
2nd Floor - Suite 200

City & State
Aventura, FL 33180

City & State
Aventura, FL 33180

Zip
33180

Country
USA

Zip
33180

Country
USA



REINSTATEMENT

4. FEI Number
65-0915997

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GENET, STACI H ESQ
2875 NE 191 ST
SUITE 500
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name SAUFORD N. REISHAN
Street Address (P.O. Box Number is Not Acceptable) 2875 N.E. 191st Suite 404
City Aventura FL Zip Code 33180

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

SAUFORD N. Reishan

(NOTE: Registered Agent signature required when reinstating)

DATE

9/12/06

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME SPIEGELMAN, PHILIP
STREET ADDRESS 18839 BISCAYNE BLVD
CITY-ST-ZIP AVENTURA, FL 33180

TITLE VP ☐ Delete
NAME STUDNICKY, CRAIG S
STREET ADDRESS 18839 BISCAYNE BLVD
CITY-ST-ZIP AVENTURA, FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000080221880
09/27/06--01048--014 **900.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Philip P Spiegelman
PHILIP P SPIEGELMAN

9/12/2006 305-931-6511

Date

Daytime Phone #