

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 17 PM 2:16

SECRETARY OF STATE
TALLAHASSEE FLORIDADOCUMENT # D990000 82171

1. Corporation Name

Seven Homes, Inc.

2. Principal Office Address

7661 SW 146 St

Suite, Apt. #, etc.

3. Mailing Office Address

7661 SW 146 St

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33158

Country

USA

Zip

33158

Country

USA**REINSTATEMENT**4. Date Incorporated or Qualified
To Do Business in Florida9/16/99

5. FEI Number

65-0987125

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒SEE INSTRUCTIONS FOR REINSTATEMENT
TO A CERTIFICATE OF STATUS

7. Name and Address of Current Registered Agent

Name

Julio J. Gonzalez

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

7661 SW 146 St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33158

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[Signature]

REGISTERED AGENT MUST SIGN

Date

10/17/00

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
<u>President</u>	<u>Julio J. Gonzalez</u>	<u>7661 SW 146 St.</u>	<u>Miami, FL 33158</u>

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.

KE

SIGNATURE:

[Signature]Julio J. Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/00

Daytime Phone #

305/255-6576

CP2E081 (9/99)