3/2/10

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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TALLAHASSEE, FLORIDA

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To:
Division of Corporations
Fax Number : (850)617-6384

001668.120848

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
HOME R US DEVELOPMENT III, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$908.75

2009
2010

Electronic Filing Menu Corporate Filing Menu Help

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000087341

1. Corporation Name
HOME R US DEVELOPMENT III, INC.

2. Principal Office Address - No P O Box #		3. Mailing Office Address	
6701 Collins Avenue		5101 Collins Avenue	
Suite, Apt #, etc St. Julien Room		Suite, Apt #, etc Management Office	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33141	Country USA	Zip 33140	Country USA

4. Date Incorporated or Qualified To Do Business in Florida: October 4, 1999

5. FEI Number: 65-0953482 ☐ 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: Zaretsky, Louis D.

Street Address (P O Box Number is Not Acceptable): 2915 Biscayne Boulevard

Suite, Apt #, Etc: Suite 300

City	State	Zip Code
Miami	FL	33137

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 3/1/10
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
P/S/D	Meruelo, Richard	5101 Collins Avenue, Management Office	Miami Beach, FL 33140
V/D	Meruelo, Belinda	5101 Collins Avenue, Management Office	Miami Beach, FL 33140

REINSTATEMENT 09-10

10. E-mail Address: LDZ@rzllaw.com
(To be used for future annual report notification)

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. I further certify, 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: _____ Richard Meruelo, President 2/26/10 (213) 291-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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