

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUN 29 PM 12:50

FILED
JUN 29 2005
TALLAHASSEE, FLORIDA

DOCUMENT # **561632**

1. Corporation Name

LIVING HOMES MAINTENANCE CORP

2. Principal Office Address

14020 RICHWOOD PL.

Suite, Apt. #, etc.

3. Mailing Office Address

14020 RICHWOOD PL.

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE FL

Zip

33325

Country

BROWARD

Zip

33325

Country

BROWARD

REINSTATEMENT 06-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/24/1991

5. FEI Number

65-0267897

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

BUSTAMANTE, OSCAR

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

14020 RICHWOOD PLACE

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33325

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]

Date **6/28/05**

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
PD	Bustamante, OSCAR	14020 RICHWOOD PL.	DAVIE, FL. 33325

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/05 (305) 343-1435

Date

Daytime Phone #

CR2E081 (01/05)