| J DIEAGE DEAD   | ALL INCTOLICTIONS  | PECODE O                             | OMDLET                                       |  |  |  |
|---|--|--------------------------------------|--|--|--|--|
| APPLICATION FOR REINSTATEMENT   | ALL INSTRUCTIONS FLORIDA DEPARTME Katherine H Secretary of S DIVISION OF CORPO                   | NT OF STATE<br><b>arris</b><br>State | OWPLET                                       | FILED<br>SECRETARY OF STATE<br>STATEMENT OF CONTRACTION                  |  |  |
| DOCUMENT # S83764   |  |                                      | 99 AUG -3 PH 12: 08                          |  |  |  |
| HOMISART, INC   |  | ,                                    | i  |  |  |  |
| Principal Place of Business  TH NORTH C   | Mailing Address  |                                      | 51   | .0000295!<br>-08/10/99-  | -01028==024  |  |
| DAYTONA BPACH,FI  |  |                                      | ***1508.75 ***1508. <b>05</b>                |  |  |  |
|   | ddresses are incorrect in any way, fine through incorrect information and enter correction below |                                      | REINSTATEMENT 94-99                          |  |  |  |
| 2 New Principal Office Address, If Applicable Suite, Apt. #, etc.   | NORTH ST 711 NORTH (   |                                      |  | 4. Date Incorporated or Qualified To Do Business in Florida Sept 30 1991 |  |  |
| Bayroun Bench, Fl.  | Dayton Bench F   |                                      | 5. FEI Number Applied For Not Applicable     |  | <del>      -   -                            </del>       |  |
| 38114 VOLUSIA   | 35114 \ \sqrt{28}  | USIN                                 | CERTIFICATE                                  | OF STATUS DESIRED []   | 8.75 Additional Fee required for a Certificale of Status |  |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at leas  Name of Officers Street Address of Each Officer and/or Directors  1 (Do NOT Use Post Office Box Nu.  |  |                                      | City / State / Zip                           |  |  |  |
| President SAUD AL KULNIBI 711 North St Daylong Beach Fl 32  |  |                                      |  |  | ach El 3244  |  |
| PRESIDENCE HARLES NONZINTO 711 North St   |  |                                      | Donton Bouch, Fl 32114                       |  |  |  |
|   |  |                                      |  |  |  |  |
|   |  |                                      |  |  |  |  |
|   |  |                                      |  |  |  |  |
| O Name and Address of Correct S   | Posional Second  | T                                    | O. Norra and A                               | Par  | 8/1  |  |
| CHARLES Nunzinto  |  |                                      |  | ddress of New Registered   | •  |  |
| 711 North St  |  |                                      | me 68 72 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 |  |  |  |
| Dayrona Beach, Fl 32114   |  |                                      | State Zip Code                               |  |  |  |
| 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.  Signature of Registered Agent Date UV 20 - 1969  REGISTERED AGENT MUST SIGN  |  |                                      |  |  |  |  |
| 11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes \(\sum \text{No \(\ni\)}\) No \(\ni\)  |  |                                      |  |  |  |  |
| 12. 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Dayling Priorie 1  |  |                                      |  |  |  |  |