

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 26 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V35220

1. Corporation Name

AMHOME USA INCORPORATED

Principal Place of Business

26857 STATE ROAD 54
WESLEY CHAPEL FL 33544
US

Mailing Address

26857 STATE ROAD 54
WESLEY CHAPEL FL 33544
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/1992

5. FEI Number

59-3137372

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DS	HEBINCK, JULIA	22840 WEEKS BLVD	LAND O LAKES FL
Chairman/ CEO	LARRY TICKLES	4405 AKITA DR	TAMPA, FL.
			600008666696 11/26/02--01006--032 **\$00.00
			600008666696 10/29/02--01070--013 **\$150.00

8. Name and Address of Current Registered Agent

LARRY TICKLES
HEBINCK, GARY
26857 STATE RD. 54
WESLEY-CHAPEL FL-33543

9. Name and Address of New Registered Agent

Name

LARRY TICKLES

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

26857 STATE RD. 54

Suite, Apt. #, Etc.

City

Wesley Chapel

State

FL

Zip Code

33543

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. or 617.0505, F.S.

Signature of
Registered Agent

Larry Tickles
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

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 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:

Larry Tickles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)