

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 11 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V72946

1. Corporation Name

FLORIDA HOME TECH, INC.

2. Principal Office Address

440 WEST NEW YORK

Suite, Apt. #, etc.

City & State

DELAND FLORIDA

Zip

32720

Country

VOLUSIA

3. Mailing Office Address

P.O. BOX 407

Suite, Apt. #, etc.

City & State

DELAND, FL

Zip

32721-0407

Country

VOLUSIA

REINSTATEMENT

0001

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/92

5. FEI Number

593145513

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

EDWARD SEPE

500004650435--8

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

440 WEST NEW YORK AVE

-10723/01--01056--023

****900.00 ****900.00

Suite, Apt. #, Etc.

City

DELAND

State

FL

Zip Code

32720

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

REGISTERED AGENT MUST SIGN

Date 10-9-01

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/T/S	EDWARD SEPE	436 WEST NEW YORK AVE	DELAND, FL 32720

LS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-01

Date

386-943-6141

Daytime Phone #

CR2E081 (9/00)