

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000065646

1. Corporation Name

F.A. Home Improvement, Inc.

2. Principal Office Address

1021 NW 1st Street

Suite, Apt. #, etc.

2nd Floor

City & State

Ft. Lauderdale, Florida

Zip

33311

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

5. FEI Number

65-0528668

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

FILL

03 JUN 26 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200021299042

07/03/03--01044--011 **908.75

7. Name and Address of Current Registered Agent

Name

Flooker Adams, Jr.

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

1021 NW 1st Street

Suite, Apt. #, Etc.

2nd Floor

City

Fort Lauderdale

State

FL

Zip Code

33311

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

Flooker Adams
REGISTERED AGENT MUST SIGN

Date 06/25/03

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
D	Flooker Adams Jr.	1021 NW 1st Street, 2nd Floor	Ft. Lauderdale, FL 33311

REINSTATEMENT 02-03 18

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:

Flooker Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/25/03

Date

(954) 764-7630

Daytime Phone #

CR2E081 (10/02)