

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 552453

1. Corporation Name

AMERICAN HOME SERVICES, INC.

Principal Place of Business

4903 ST RD 54
N. P. R. FL 34652
US

Mailing Address

4903 ST RD 54
N. P. R. FL 34652
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

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1977

5. FEI Number

59-1777502

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
PD	L HEUREUX, GERARD	4903 ST RD 54	N. P. R. FL
VD	L'NEUREUX, MICHAEL	4923 ST RD 54	NEW PORT RICHEY FL 34652

100023765631
10/13/03--01097--011 **150.00

8. Name and Address of Current Registered Agent

L'HEUREUX, GERARD
4903 ST RD 54
N. P. R. FL 34652

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Gerard L'Heureux
REGISTERED AGENT MUST SIGN

Date 10-9-03

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.

GERARD L'HEUREUX

SIGNATURE:

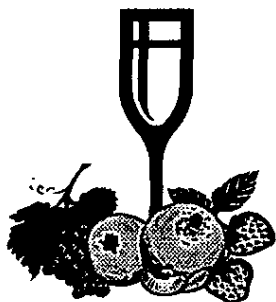
Gerard L'Heureux
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-9-03 727-938-5957

CR2040 (7/03)



SUNSHINE GROVES & WINERY

Featuring Fine Florida Fruit Wines & Florida Citrus



*American Home
Services Inc.*

To Whom it may Concern:

*I am responding to your
request. I have not received any
renewal paper work prior to
this notice. Enclosed is my fee of 150⁰⁰*

*Respectfully
Gerald F. Hart*

4903 St. Rd. 54, New Port Richey, Fl 34652
Phone (727) 849-0223 Toll Free (800) 777-2564
Fax (727) 841-8724