

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 845344

Entity Name: HOME RUN, INC.

FILED
Oct 06, 2006
Secretary of State

Current Principal Place of Business:

1299 LAVELLE DRIVE
XENIA, OH 45385

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 456
XENIA, OH 45385 US

New Mailing Address:

FEI Number: 31-0825101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROFESSIONAL ADJUSTERS, INC.
1410 BIRD ROAD
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TERESA OBREIN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HARLOW, GARY L.,
Address: 860 FERNSHIRE DR.
City-St-Zip: CENTERVILLE, OH

Title: SD () Delete
Name: GARVEY, JAMES,
Address: 5330 E. MAIN ST.
City-St-Zip: COLUMBUS, OH

Title: VD () Delete
Name: HARLOW, DENNIS A.,
Address: LEWIS RD.
City-St-Zip: JAMESTOWN, OH

Title: VD () Delete
Name: BAKER, THOMAS,
Address: 5666 GENEIVE PL.
City-St-Zip: FAIRFIELD, OH

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L HARLOW

P

10/06/2006

Electronic Signature of Signing Officer or Director

Date