

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUL -3 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F98000000213

**1. Corporation Name**

At-Home Professions, Inc.

**2. Principal Office Address**

2001 Lowe Street

Suite, Apt. #, etc.

City & State

Fort Collins, CO

Zip

80525

Country

USA

**3. Mailing Office Address**

2001 Lowe Street

Suite, Apt. #, etc.

City & State

Fort Collins, CO

Zip

80525

Country

USA

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

1/13/98

**5. FEI Number**

95-3923976

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 00-01**

**7. Name and Address of Current Registered Agent**

Name

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

500004488655-9

07/20/01 01117 006

\*\*\*\*908.75 \*\*\*\*908.75

City

Plantation

State

FL

Zip Code

33324

**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

*Juan Rando*

REGISTERED AGENT MUST SIGN

Date

6-28-01

**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
Pres.	Earl Weston	2001 Lowe Street	Fort Collins, CO 80525
Sec.	Pamela Weston	2001 Lowe Street	Fort Collins, CO 80525
Vice Pres.	Cole Thompson	2001 Lowe Street	Fort Collins, CO 80525

**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)(f), 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:**

*Cole Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cole Thompson

6/15/01

Date

970-225-6300

Daytime Phone #