

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 OCT 25 12:11

DOCUMENT # **NO3000002451**

1. Corporation Name

**AMERICAN HOMESAVERS, INC,**

500081253035  
10/25/06 01035 004 \$122.50

**REINSTATEMENT**  
CR2E081 (12/05)

05-26

2. Principal Office Address

**13428 TEXAS WOODS CIR**

Suite, Apt. #, etc.

3. Mailing Office Address

**13428 TEXAS WOODS CIR**

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

City & State

**ORLANDO, FL**

Zip

**32824**

Country

**USA**

Zip

**32824**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**03-17-03**

5. FEI Number

**21-0053500**

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

**WISNER LOOMIS**

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

**909 DENNIS AVE**

Suite, Apt. #, Etc.

City

**ORLANDO**

State

**FL**

Zip Code

**32807**

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

**Wesley Loomis**

Date **10-17-06**

REGISTERED AGENT MUST SIGN

**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
<b>PRE</b>	<b>VADER LOOMIS</b>	<b>13428 TEXAS WOODS CIR</b>	<b>ORLANDO, FL 32824</b>
<b>TR</b>	<b>CARCOTTA BEST</b>	<b>17941 OLD C.R. RD</b>	<b>WINTER GARDEN 34787</b>
<b>VP</b>	<b>MILLIE PLASS</b>	<b>349 WALDOLE LOOP</b>	<b>DAVENPORT, FL 33897</b>

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 contained in Chapter 119, 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:

**Vader Loomis**

**VADER LOOMIS**

**10-17**

**407-852-1015**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3. Mitchell OCT 26 2006

ZofZ

10-17-06

To Whom it may concern:

I did not mail in my renewal because I did not receive the notice and my accountant became suddenly unavailable.

I have enclosed a check for \$122.50.

*Val Lemi*

Thank you,