

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT -2 AM 9:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000052252

Corporation Name

HOME SALES AND SERVICES, INC.

800004642078--4

-10/18/01--01070--001

****750.00 ****750.00

1. Principal Office Address		3. Mailing Office Address	
215 CELEBRATION PLACE		609 Trumpet Place	
Suite, Apt. #, etc. Suite 160		Suite, Apt. #, etc.	
City & State Celebration, Florida		City & State CELEBRATION, Fla.	
Zip 34747	Country USA Osceola County	Zip 34747	Country U.S.A. Osceola County

4. Date Incorporated or Qualified To Do Business in Florida May 30, 2001	
5. FEI Number 59-3682198	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name THOMAS L. PUMPHREY			
Street Address (P.O. Box Number is Not Acceptable) 609 Trumpet Place			
Suite, Apt. #, Etc.			
City CELEBRATION		State FL	Zip Code 34747

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 Thomas L. Pumphrey Date 10/1/01
REGISTERED AGENT MUST SIGN

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
Chairman	Thomas L. Pumphrey	609 Trumpet Pl.	Celebration, Fla. 34747
Pres	Thomas L. Pumphrey	609 Trumpet Pl.	Celebration, Fla. 34747
Treas	Thomas L. Pumphrey	609 Trumpet Pl.	Celebration, Fla. 34747
Secy	Thomas L. Pumphrey	609 Trumpet Pl.	Celebration, Fla. 34747

I, 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: Thomas L. Pumphrey 10/1/01 407-709-0155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)