

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 29 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000075985

1. Corporation Name

HOME ENERGY, INC.

2. Principal Office Address

967 EL DORADO AVENUE

Suite, Apt. #, etc.

City & State

CLEARWATER BEACH, FL

Zip

33767

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified

To Do Business In Florida 8/10/2000

5. FEI Number

59 36802 18

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

PETRIT MEROLI

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

967 EL DORADO AVENUE

Suite, Apt. #, Etc.

City

CLEARWATER BEACH

State
FLZip Code
33767

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date APRIL 23, 2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	PETRIT MEROLI	967 EL DORADO AVENUE	CLEARWATER BEACH, FL 33767
VP	ZAIM MEROLI	967 EL DORADO AVENUE	CLEARWATER BEACH, FL 33767

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)(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.

SIGNATURE:

APRIL 23, 2003

727.442.6050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/4/30