

1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB 16 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000077363*

1. Corporation Name

*Taneliz Home Services, Inc*

*W04000002470*

2. Principal Office Address

*13024 Waterford Wood Cir*

Suite, Apt. #, etc.

*Apt. 101*

City & State

*Orlando, FL*

Zip

*32828*

Country

*Orange*

3. Mailing Office Address

*13024 Waterford Wood Cir*

Suite, Apt. #, etc.

*Apt. 101*

City & State

*Orlando, FL*

Zip

*32828*

Country

*Orange*

4. Date Incorporated or Qualified  
To Do Business in Florida

*8-10-2000*

5. FEI Number

*59-3679052*

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

*Nelson Pineda*

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

*13024 Waterford Wood Cir Apt 101*

Suite, Apt. #, Etc.

City

*Orlando*

State  
*FL*

Zip Code

*32828*

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

*12-19-03*

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
<i>P.</i>	<i>Nelson Pineda</i>	<i>13024 Waterford Wood Cir Apt 101</i>	<i>Orl. FL 32828</i>
<i>S.</i>			

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:

*[Signature]*

*Nelson Pineda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*12-19-03*

Daytime Phone #

*947-0184*

CR2E081 (10/02)

2082

Nelson Pineda  
13024 Waterford Wood Circle  
Aparment 101  
Orlando, Florida 32828

December 30, 2003

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sirs:

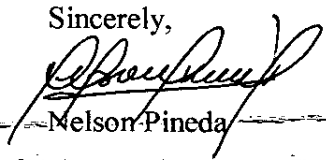
I am writing in response to the notice I received regarding the overdue corporation taxes of 2002 and 2003 for Vaneliz Home Services, FEI # 59-3679052. I wish to explain the reason that I did not pay the taxes on time.

I changed my address and filed a change of address from with the United States Post Office on September 28, 2001. However, I never any of notices ay my new address from the Division of Corporations. For this reason, I ask that you please consider waiving the penalties for the amounts past due.

I wish to reactivate the corporation, which was listed as inactive on October 4, 2002. I have enclosed a check for \$ 300.00 to pay for the taxes that are due.

Thank you for your help in resolving this matter. Please contact me if you have any questions.

Sincerely,



Nelson Pineda