

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000107453

1. Corporation Name

FLORIDA HOME REMODELING, INC.

2. Principal Office Address

2040 NE 163rd STREET

Suite, Apt. #, etc.

202-C

City & State

MIAMI, FLORIDA

Zip

33162

Country

USA

3. Mailing Office Address

2040 NE 163rd STREET

Suite, Apt. #, etc.

202-C

City & State

MIAMI, FLORIDA

Zip

33162

Country

USA

FILED

04 SEP 10 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700039575557
07/27/04=01076--004 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida 11/16/2000

5. FBI Number
651057265

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.25 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HOWARD CLARK

Street Address (P.O. Box Number is Not Acceptable)
2040 NE 163rd STREET

Suite, Apt. #, Etc.

202-C

City

MIAMI

State
FL

Zip Code
33162

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

Howard Clark

Date 07/23/2004

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
P	HOWARD CLARK	2040 NE 163rd ST., STE. #202-C	MIAMI, FLORIDA 33162

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 118.07(3)(b), 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:

Howard Clark

07/23/2004

305-944-3227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)

282

FLORIDA HOME REMODELING, INC.

2040 NE 163rd Street #202-C

N. Miami Beach, FL. 33162

Phone: 305-956-5558

Fax: 305-893-3660

Date: 09-01-04

Dear Sir or Madame,

We did not receive the annual reports for years 2003 and 2004 because we moved from the third floor to the second floor of the same building address and the company was temporarily closed around that same time period.

We would very much appreciate whatever assistance you can give us towards the waiver of the \$400.00 late fee.

Respectfully,

Howard Clark

Howard Clark