

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 DEC 12 AM 10:00
TALLAHASSEE, FLORIDA

DOCUMENT # P00000107644

1. Entity Name
H & R REBUILDING, INC.



Principal Place of Business
3849 COMMERCIAL WAY
SPRING HILL, FL 34606

Mailing Address
3725 COMMERCIAL WAY
SPRING HILL, FL 34606

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



11032005 REIN-P CR2E098 (6/04)

4. FEI Number
59-3681823

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROHIT, HEMCHAN
7536 PINEHURST DR
SPRING HILL, FL 34606

7. Name and Address of New Registered Agent

Name

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

REINSTATEMENT 05

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent for both the State of Florida and any other state with which, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROHIT, HEMCHAN 3725 COMMERCIAL WAY SPRING HILL, FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hemchan Rohit
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/08/05 (352) 684-0083
Date Daytime Phone #