PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT				A DEPARTMENT OF STATE Secretary of State VISION OF CORPORATIONS		FILED 05 FEB: 2 AM II: 20		
DOCUMENT # POLODO53609 1. Corporation Name ADVANTAGE HOME GROUP, INC.						SECRETARY OF STATILATION	ATE RIDA	
2. Principal Office Address 7901 SOUTHGATE BLVD.			3. Mailing Office Address		REINSTATEMENT3-05			
Suite, Apt. #, etc. C10			Suite, Apt. #; etc.		4. Date Incorporated or Qualified To Do Business in Florida 05/23/01			
City & State NORTH LAUDERDALE, FL			City & State		5. FEI Number Applied For			
Zip 33068	,		Zip	Country	6.	Not Applicable S8.75 Additional Fee required for a Certificate of Status		
	7. Name and Address of Current Registered Agent							
	Name AMRIT ROY CHUNULAL							
	Street Address (P.O. Box Number is Not Acceptable) 7901 SOUTHGATE BLVD.							
	Suite, Apt. #, Etc. C10							
	City NORTH LAUDERDALE, FL					State Zip Code 33068		
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 Park REGISTERED AGENT MUST SIGN Date 2/1/05								
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		
PD	AMRIT R. CHUNULAL		7901	7901 SOUTHGATE BLVD. C10		N. LAUDERDALE, FL 33068		
VPD	DANNY SINGH		8139	8139 NW 67 AVE.		TAMARAC, FL 33321		
ŞD	BHEDWATTIE JAMES		7921	7921 SOUTHGATE BLVD. D2		N. LAUDERDALE, FL 33068		
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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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pate Dayline Phone #								