

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000055683

1. Corporation Name

HOME INNOVATIONS, INC.

Principal Place of Business

236 SE 29 STREET
CAPE CORAL FL 33904

Mailing Address

236 SE 29 STREET
CAPE CORAL FL 33904



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

651114057

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVD	SEMRICK, JONATHAN G	236 SE 29 STREET	CAPE CORAL FL 33904

500008630065
10/28/02--01104--011 **150.00

8. Name and Address of Current Registered Agent

SEMRICK, JONATHAN G
236 SE 29 STREET
CAPE CORAL FL 33904

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Oct. 20. 2002

11. 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)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jonathan G. Semrick Oct. 20. 2002 229-5663

CR2040 (8/02)

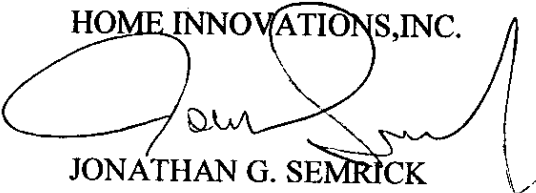
HOME INNOVATIONS, INC.
236 S.E. 29 STREET
CAPE CORAL, FL. 33904

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL. 32314-6327

JIM SMITH

WE HOME INNOVATIONS, INC. DID NOT RECEIVE THE FIRST OR SECOND (UBR) FORMS TO FILL OUT AND RETURN ON TIME. PLEASE ACCEPT OUR FINE AS STATED OF \$150.00 AND THIS LETTER NEXT YEAR WE WILL CALL ON THE DATE NEEDED TO BE ON TIME AND UP TO DATE.

THANK YOU
HOME INNOVATIONS, INC.



JONATHAN G. SEMRICK