

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 29 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000061260

1. Corporation Name

OFFICE@HOME, INC.

Principal Place of Business

7304 JESSIE HARBOR DR.
OSPNEY FL 34229

Mailing Address

7304 JESSIE HARBOR DR.
OSPNEY FL 34229



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

2. New Principal Office Address, If Applicable

~~31055~~
31055, U.S. HIGHWAY 19 N.
City & State
PALM HARBOR
Zip
FL 34684

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
31055, U.S. HIGHWAY 19 N.
City & State
PALM HARBOR
Zip
FL 34684

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/2001

5. FEI Number

65-1114600

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
MR	DEREK WRIGHTON	APT. 525, 2732 VIA MURANO	CLEARWATER 33764

8. Name and Address of Current Registered Agent

WRIGHTON, DEREK
7304 JESSIE HARBOR DR.
OSPNEY FL 34229

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

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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02. 727/989/9700
Date Daytime Phone #

CR2E040 (8/02)

The HOME OFFICE Gallery

& Entertainment Furniture

Florida Department of State
Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 33314-6327

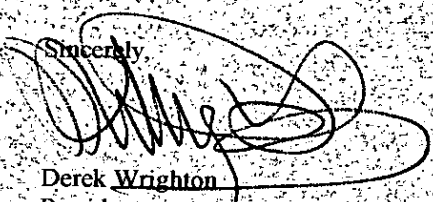
Dear Sirs,

I would earnestly ask you to reconsider the dissolution of my corporation, Office at Home Inc. This corporation was founded by me, an Englishman, (my first business enterprise in the U.S.A.) in June 2001 when I lived in Osprey, Florida. I relocated in October, 2001 to Palm Harbor and subsequently relocated again in April to Clearwater, Florida.

Unfortunately the mail addressed to Osprey ceased arriving and I failed to receive your notifications.

I Hope you understand and accept my apology. Enclosed is a check for \$150 for the re-filing fee.

Sincerely,



Derek Wrighton
President