

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000084365

1. Entity Name  
THE HOME INVESTORS GROUP, INC.



Principal Place of Business  
4106 HOLLOW HILL DRIVE  
TAMPA, FL 33624

Mailing Address  
PO BOX 271992  
TAMPA, FL 33688

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10252004

REIN-P

CR2E098 (6/04)

4. FEI Number  
59-3740389

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

KHOURI, RYAN A  
4106 HOLLOW HILL DRIVE  
TAMPA, FL 33624

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, 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 \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME KHOURI, RYAN A  
STREET ADDRESS 4106 HOLLOW HILL DRIVE  
CITY-ST-ZIP TAMPA, FL 33624

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 100042436051  
STREET ADDRESS 11/03/04--01031--017 \*\*150.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: \*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/04

Date

Daytime Phone #

**ROBERT S. WISE, P.A.**  
*Attorney at Law*

*1205 West Fletcher Avenue  
Suite A  
Tampa, Florida 33612-3363*

*Telephone (813) 968-8668  
Telecopy (813) 968-8686*

November 1, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: The Home Investors Group, Inc.  
Document No.: P01000084365

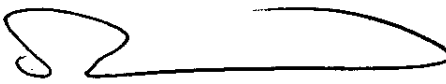
Gentlemen:

Enclosed please find an Application for Reinstatement in the above referenced matter together with a check in the sum of \$150.00 for the 2004 Annual Report Fee. Please reinstate The Home Investors Group, Inc. as soon as possible. Please note that The Home Investors Group, Inc. did not receive the proposed Annual Report form from you in the mail and we would request that any late fee be waived. Thank you.

If you have any questions, please feel free to call me.

Very truly yours,

Robert S. Wise, P.A.

By:   
\_\_\_\_\_

RSW/dg  
Enclosures