

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 23 PM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500061663965
11/23/05--01021--025 **\$900.00

DOCUMENT # P01000099100.

1. Corporation Name
ISAAC HOME SERVICES & PAINTING

2. Principal Office Address
1544 S. AIA
Suite, Apt. #, etc.

3. Mailing Office Address
W05-50847
1544 S. AIA
Suite, Apt. #, etc.

City & State
FLAGLER BEACH
Zip Country
32136 FLAGLER

City & State
FLAGLER BEACH
Zip Country
32136 FLAGLER

REINSTATEMENT 04-05
CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida Oct 11-01
5. FEI Number 65-1143579 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name JHony ISAAC
Street Address (P.O. Box Number is Not Acceptable) 1544 S. AIA FLAGLER BEACH
Suite, Apt. #, Etc. 500061663965
City FLAGLER BEACH State FL Zip Code 32136

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 Jhony Isaac REGISTERED AGENT MUST SIGN Date 11-7-05

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
PRESIDENT	Jhony C ISAAC	1544 S. AIA	FLAGLER BEACH FL 32136

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 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: Jhony Isaac Jhony ISAAC 11-7-05 910.273.6970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NOV 23 2005