

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 30 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000007831

1. Corporation Name

Florida Home Services, Inc.

2. Principal Office Address

9645 Saragossa Street

Suite, Apt. #, etc.

City & State

Clermont, FL

Zip

34711

Country

USA

3. Mailing Office Address

9645 Saragossa Street

Suite, Apt. #, etc.

City & State

Clermont, FL

Zip

34711

Country

USA

700040646257
08/30/04--01079--010 **300.00
REINSTATEMENT 03-04 WOP

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
90-0003731

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

Matthew W. Krecklau

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

9645 Saragossa Street

Suite, Apt. #, Etc.

City

Clermont

State
FL

Zip Code
34711

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

Matthew Krecklau

Date

REGISTERED AGENT MUST SIGN

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
Pres.	Matthew W. Krecklau	9645 Saragossa Street	Clermont, FL 34711
V-Pres	Mariko O. Krecklau	9645 Saragossa Street	Clermont, FL 34711

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-25-04

Daytime Phone #

CR2E081 (9/00)



Assured Accounting Concepts, Inc.

240 Mohawk Road
Clermont, Florida 34711
352-394-4048
Fax 352-394-3272

119 W. Lemon Street
Lady Lake, Florida 32159
352-753-1337
Fax 352-753-9336

August 24, 2004

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

Re: Florida Home Services, Inc.
P02000007831

Dear Sir or Madam:

Enclosed please find a Corporation Reinstatement form for the above referenced corporation. Also enclosed is a check for \$300 for the filing of the annual reports for 2002 and 2003.

Mr. and Mrs. Krecklau formed this corporation in 2002 and were unaware of the annual report filing. They have had numerous problems with receiving their mail and have had to change their mailing address three times. They were surprised to learn that corporation was dissolved, as they have not received any reports or notices showing the dissolution.

We respectfully request that the penalties be waived, as this would cause a financial burden for this small corporation. Thank you for considering our request, please advise.

Very truly yours,


Peggy L. Abraham

PLA/mm
Encs.

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