

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P02000007831**

1. Entity Name  
**FLORIDA HOME SERVICES, INC.**



**FILED**

05 OCT 26 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>9645 SARAGOSSA STREET CLERMONT, FL 34711</b>	Mailing Address <b>9645 SARAGOSSA STREET CLERMONT, FL 34711</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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10062005 REIN-P CR2E098 (6/04)

4. FEI Number <b>90-0003731</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KRECKLAU, MATTHEW W**  
**9645 SARAGOSSA STREET**  
**CLERMONT, FL 34711**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

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

TITLE	P	KRECKLAU, MATTHEW W	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		9645 SARAGOSSA STREET	
CITY-ST-ZIP		CLERMONT, FL 34711	
TITLE	V	KRECKLAU, MARIKO O	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		9645 SARAGOSSA STREET	
CITY-ST-ZIP		CLERMONT, FL 34711	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	500060631635
CITY-ST-ZIP	10/14/05--01064--021 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

*[Handwritten Signature]* 10/31

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:** *[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-05

Date Daytime Phone #