2005 FOR PROFIT CORPORATION REINSTATEMENT

		170111017	*								
DOCUMENT # P0200007831 1. Entity Name FLORIDA HOME SERVICES, INC.						05	FILE OCT 26 A		t		
Orinainal Olas	a of Bunings	•	Mailing Addrson						•		
Principal Place 9645 SARAG CLERMONT, F	OSSA STREE		Mailing Address 9645 SARAGOSSA STREET CLERMONT, FL 34711				CRETAKY OF LAHASSEE,		f a r 17 3 1807 te 1804		
5 B2-2-10			La Maria Addissa								
2. Principal Pi	lace of Busin	ness	3. Mailing Address					 			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			10062005	REIN-P	CR2E098 (6/	04)		
City & State	e		City & State			4. FEI Numbe			Applied For		
Zip		Country	Zip Country			- · · -		\$8.75	Not Applicable Additional		
			· · · · · · · · · · · · · · · · · · ·			Fee Required					
	6. Name	and Address of Current	Registered Agent				7. Name and Address of New Registered Agent				
Name Name											
KRECKLAU, MATTHEW W 9645 SARAGOSSA STREET						_Street Address (P.O. Box Number is Not Acceptable)					
CLERMONT, FL 34711											
•			•		City	City			FL Zip Code		
8. The above	named entit	ty submits this statement fo	r the purpose of changing its	register	d office or regis	stered agent, or bo	th, in the State of Flo	orida. I am familiar v	with, and accept		
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.											
CIONATUDE											
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 \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.											
Arter Jar	nuary 1, 20	NO, Fee WIII DE \$300.U					Corporation dio	not receive the pi	ioi noace.		
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS,	CHANGES TO OFF	ICERS AND DIREC	TORS IN 11		
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NAME Street address					E .	ากวีเร็	000606 /0501064-	-021 **150	าลกไ		
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12. I hereby	certify that th	ne information supplied with	this filing does not qualify for	or the exe	emption stated in	Section 119.07(3)	(i), Florida Statutes.	I further certify that	the information		
12. I hereby certify that the information supplied with this filing does not dualify 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 export 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/emp/wered.											
SIGNATURE: X / allsh // 10-24-0											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #											