


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 20 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| <b>DOCUMENT # P02000007831</b><br>1. Entity Name<br>FLORIDA HOME SERVICES, INC. |  |
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| Principal Place of Business<br>9645 SARAGOSSA STREET<br>CLERMONT, FL 34711 | Mailing Address<br>9645 SARAGOSSA STREET<br>CLERMONT, FL 34711 |
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|---|--|
| 2. Principal Place of Business<br>X Home<br>Suite, Apt. #, etc. | 3. Mailing Address<br>X 25007 Silverwood Lane<br>Suite, Apt. #, etc. |
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09202006 REIN-P CR2E098 (11/05)

|  |  |                             |  |
|--|--|-----------------------------|--|
| City & State<br>Howey-In-The-Hills, FL<br>Zip<br>34737 | City & State<br>Howey-In-The-Hills, FL<br>Zip<br>34737 | 4. FEI Number<br>90-0003731 | Applied For<br><input type="checkbox"/> Not Applicable |
|--|--|-----------------------------|--|

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><br>KRECKLAU, MATTHEW W<br>9645 SARAGOSSA STREET<br>CLERMONT, FL 34711 | 7. Name and Address of New Registered Agent<br>Name<br>X Matthew W Krecklau<br>Street Address (P.O. Box Number is Not Acceptable)<br>25007 Silverwood Lane<br>City<br>Howey-In-The-Hills FL Zip Code<br>34737 |
|---|---|

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]*  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

|  |  |
|--|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2007, Fee will be \$300.00</b> | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
|---|---------------------------------|--|--|
| TITLE<br>P<br>NAME<br>KRECKLAU, MATTHEW W<br>STREET ADDRESS<br>9645 SARAGOSSA STREET<br>CITY-ST-ZIP<br>CLERMONT, FL 34711 | <input type="checkbox"/> Delete | TITLE<br>President<br>NAME<br>Matthew Krecklau<br>STREET ADDRESS<br>25007 Silverwood Lane<br>CITY-ST-ZIP<br>Howey-In-The Hills, FL 34737     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>V<br>NAME<br>KRECKLAU, MARIKO O<br>STREET ADDRESS<br>9645 SARAGOSSA STREET<br>CITY-ST-ZIP<br>CLERMONT, FL 34711  | <input type="checkbox"/> Delete | TITLE<br>Vice President<br>NAME<br>Mariko Krecklau<br>STREET ADDRESS<br>25007 Silverwood Lane<br>CITY-ST-ZIP<br>Howey-In-The-Hills, FL 34737 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>600080362406<br>10/02/06 01045-003 **150.00  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>B 10/25/06   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>[Signature]  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-20-06 352 324 2077  
Date Daytime Phone #