

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -7 AM 7:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0200000186046

1. Corporation Name

Family Home Solutions Company
12227 Cattail Lane
Jacksonville FL 32223

100031836871
04/05/04--01056--008 **300.00

2. Principal Office Address

12227 Cattail Lane

Suite, Apt. #, etc.

City & State

Jax FL 32223

Zip

32223

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

2-7-2002

5. FEI Number

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

Donna MacNeil

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

12227 Cattail Lane

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32223

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

Donna J. MacNeil

Date

4-2-04

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
P	Donna MacNeil	12227 Cattail Lane	Jax FL 32223

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:

Donna J. MacNeil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

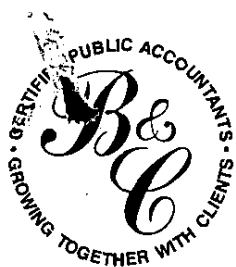
4-2-04

Date

904-880-2740

Daytime Phone #

CR2E081 (01/04)



Blair & Company

Certified Public Accountants

Established Since 1982

Imagine that tomorrow is the key to living your dreams.

Our mission is to help you make your dreams a reality through potentially creating and retaining wealth.

In that process, we will grow together.

Friday, April 02, 2004

Department of State
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

Re: Family Home Solutions
EIN: 04-3639245
Document Number: P0200018626

Dear Sir or Madam:

I am enclosing a completed Corporation Reinstatement form along with a check in the amount of \$300.00. Please process this immediately.

If you have any questions, please me.

Sincerely,

Theresa Blair-Jones
Administrative Assistant

Enclosures

cc: Donna MacNeil