> PLEASE READ ALL INST	RUCTIONS BEFORE C	OMPLETING TH	IS FORM.
CORPORATION REINSTATEMENT	DEPARTMENT OF STATE  Katherine Harris  Secretary of State  ISION OF CORPORATIONS	06 JUL -5	ED : 18
DOCUMENT # P020000 24787		SEURETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name  ALICIA'S HOME SERVICES, INC.			
THE TOTAL SPICE STATE OF THE ST			
2. Principal Office Address  419 No. D STREET  Suite, Apt. #, etc.  3. Mailing Office Address  419 No. D STREET  Suite, Apt. #, etc.		03-06	
оше, др., ж. etc. — — — — — — — — — — — — — — — — — — —		4. Date Incorporated or Or To Do Business in Flori	
City & State  LAKE WORTH, FL.  City & State  LAKE	WORTH, FL	5. FEI Number	Applied For Not Applicable
33460 U.S.A. 334	Country	6. CERTIFICATE OF STATUS	S8 75 Additional Fee required
7. Name and Address of Current Registered Agent			
Street Address (P.O. Box Number is Not Acceptable)  419 ND. D STREET  Suite, Apt. #, Etc.  City  LAKE WORTH  State Zip Code FL 33460			
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  REGISTERED AGENT MUST SIGN  Date  O6/26/06			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles Name of Street Address of Eacl Officers and/or Directors Officer and/or Director		City / State / Zip	
P/D FLEUTERIO LLANOS	419 No. D 57	REET LAKE	WORTH, FL. 33460
	2/1/10	07/11/0601	7346653 36019 **600.00
750-1			
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 reacon 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 add 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:  ELEUTERIO LIANOS  Date  Daytime Phone #			

June 26, 2006

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

> Re: Alicia's Home Services, Inc. P02000024787 Reinstatement

## To Whom It May Concern:

Enclosed find check for \$600.00 to pay for the 2003, 2004, 2005 & 2006Annual Reports. I never received the original notice and I did not know the Corporation had been dissolved.

Sincerely,

Eleuterio I