

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 24 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000027781**

1. Corporation Name

TOTAL HOME CONCEPTS, INC.

Principal Place of Business

8487 155TH PLACE NORTH
PALM BEACH GARDENS FL 33418

Mailing Address

8487 155TH PLACE NORTH
PALM BEACH GARDENS FL 33418

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

02-0575073

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	NEE, JOE	8487 155TH PLAE, NORTH	PALM BEACH GARDENS FL 33418

700025755237
12/24/03--01037--012 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSE, PETER A
5295 TOWN CENTER ROAD, 3RD FLOOR
BOCA RATON FL 33486

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Peter A Rose
REGISTERED AGENT MUST SIGN

Date

12/17/03

11. 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:

Joseph P. Nee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH P. NEE

Date

12/17/03 (561)-628-5035
Daytime Phone #

CR2E040 (7/03)

TOTAL HOME CONCEPTS, INC.

8487 155TH Place North, Palm Beach Gardens, Florida 33418
Phone: 561-628-5035 FAX: 561-741-7873

December 21, 2003

Division of Corporations
Annual Reports/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To whom it may concern:

Enclosed is the completed Reinstatement Application for the corporation, Total Home Concepts, inc. (FEI #02-0575073), and a check for the reinstatement fee in the amount of \$150.00.

The corporation did not receive the annual report form for 2003.

Since the annual report was never received, please accept the reinstatement fee and return the corporation to 'active' status.

Sincerely,



Joseph P. Nee
President, Secretary, Director
Total Home Concepts, inc.