

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000043314

Entity Name: YD HOME SERVICES, INC

FILED  
Jan 09, 2008  
Secretary of State

## Current Principal Place of Business:

6380 CONTESSA DR.  
SUITE #201  
ORLANDO, FL 32829

## New Principal Place of Business:

## Current Mailing Address:

6380 CONTESSA DR.  
SUITE #201  
ORLANDO, FL 32829

## New Mailing Address:

FEI Number: 43-1986527

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DI PIETRO, YORDAN K SR.  
1433 TIMBERBEND CIR  
ORLANDO, FL 32824 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: YORDAN DI PIETRO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DI PIETRO, YORDAN K SR.  
Address: 1433 TIMBERBEND CIR  
City-St-Zip: ORLANDO, FL 32824

Title: V ( ) Delete  
Name: DI PIETRO, JANETT Z  
Address: 1433 TIMBERBEND CIR  
City-St-Zip: ORLANDO, FL 32824

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V ( ) Change (X) Addition  
Name: ALMEIDA, GRACIELA M  
Address: 6380 CONTESSA DR  
City-St-Zip: ORLANDO, FL 32829

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YORDAN DI PIETRO

P

01/09/2008

Electronic Signature of Signing Officer or Director

Date