

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 OCT 16 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000047021**

1. Corporation Name

HOME ASPECTS, INC.

Principal Place of Business

401 W LAKE ELBERT DR
WINTER HAVEN FL 33881

Mailing Address

401 W LAKE ELBERT DR
WINTER HAVEN FL 33881

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/2002

5. FEI Number

02-0593934

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LONG, JOSEPH G	401 W LAKE ELBERT DR	WINTER HAVEN FL 33881

300023864613
10/16/03--01092--001 **150.00

8. Name and Address of Current Registered Agent

LONG, JOSEPH G
401 W LAKE ELBERT DR
WINTER HAVEN FL 33881

9. Name and Address of New Registered Agent

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

Joseph G. Long
REGISTERED AGENT MUST SIGN

Date

10/11/03

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 G. Long
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH G. LONG

Date

10/11/03 (863)
206-4846

Daytime Phone #

CR20040 (7/03)



Home Aspects, Inc.
401 West Lake Elbert Dr.
Winter Haven, FL. 33881
(863) 206-4846 e-mail: home.aspects@verizon.net

October 11, 2003

Department of State
P.O Box 6327
Tallahassee, FL 32314

Ref: Physical inspection of:

Inspection Date:

Time:

Agent:

Dear Department of State,

As of October 9th, 2003, my Corporation has not received the 2 prior Uniform Business Report notices. Please accept my application for reinstatement and check for \$150.00 and reinstate my Corporation.

Sincerely,

Joseph G. Long
Director
Home Aspects, Inc.