

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000055967

Entity Name: AT-HOME-SERVICE.COM, INC

FILED
Dec 06, 2007
Secretary of State

Current Principal Place of Business:

203 SPANISH MOSS ROAD
DAVENPORT, FL 338375515

New Principal Place of Business:

Current Mailing Address:

8297 CHAMPIONSGATE BLVD., UNIT 203
CHAMPIONSGATE, FL 33896

New Mailing Address:

8297 CHAMPIONSGATE BLVD., UNIT 515
CHAMPIONSGATE, FL 33896

FEI Number: 04-3689600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRNE, BERNARD
203 SPANISH MOSS ROAD
DAVENPORT, FL 338375515 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: BERNARD BYRNE

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: PD () Delete
Name: BYRNE, BERNARD
Address: 8297 CHAMPIONSGATE BLVD., UNIT 203
City-St-Zip: CHAMPIONSGATE, FL 33896

Title: SD () Delete
Name: BYRNE, LIZZY
Address: 8297 CHAMPIONSGATE BLVD., UNIT 203
City-St-Zip: CHAMPIONSGATE, FL 33896

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BYRNE, BERNARD
Address: 8297 CHAMPIONSGATE BLVD., UNIT 515
City-St-Zip: CHAMPIONSGATE, FL 33896

Title: SD (X) Change () Addition
Name: BYRNE, LIZZY
Address: 8297 CHAMPIONSGATE BLVD., UNIT 515
City-St-Zip: CHAMPIONSGATE, FL 33896

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: BERNARD BYRNE

Electronic Signature of Signing Officer or Director

PD

12/06/2007

Date