
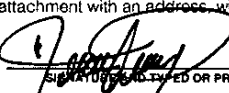


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2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000083779			
1. Entity Name PEREIRA HOME REPAIR, INC.			
Principal Place of Business 1262 RIDGE MOOR CIR. ORLANDO, FL 32807 US		Mailing Address 1262 RIDGE MOOR CIR. ORLANDO, FL 32807 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent PROFESSIONAL ACCOUNTANTS & CONSULTANTS INC 1157 WEST STATE RD 436 105 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Professional Accountants & Consultants, Inc. 2471 E. Semoran Blvd City ADAPHA FL 32703	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PEREIRA, JOSE 1262 RIDGE MOOR CIR. ORLANDO, FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Linda Pereira 1262 Ridgemoor Cir. Orlando, FL 32807 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		12-6-05 Date _____ Daytime Phone # _____	

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PROFESSIONAL ACCOUNTANTS & CONSULTANTS, INC.

2471 E Semoran Blvd.
Apopka, FL. 32703

Phone (407) 677-1194

Fax (407) 774-5838

December 05, 2005

To Whom It May Concern:

Please be advised, that my client Pereira Home Repair, Inc. never received the Uniform Business Report (UBR) for 2005. Therefore, we request that you please wave the penalty fee of \$600 and any other additional fees. Also, you will find attached the 2005 For Profit Corporation Reinstatement form and Check of \$150.00 plus \$8.75 for certificate of status.

If you have any questions please do not hesitate to contact me at the number above.

Sincerely,



Daniel Alvarez
President