

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP 16 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000083779

1. Corporation Name

PEREIRA HOME REPAIR, INC

W09-39167

REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box #

9132 TELLER RUN

Suite, Apt. #, etc.

3. Mailing Office Address

9132 TELLER RUN

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32817

Country

ORANGE

Zip

32817

Country

ORANGE

4. Date Incorporated or Qualified To Do Business in Florida

08/02/2002

5. FEI Number
61-1424342

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
TAX CARE INC

Street Address (P.O. Box Number is Not Acceptable)
417 CENTER POINTE CIRCLE

Suite, Apt. #, Etc.
SUITE 1737

City
ALTAMONTE SPRINGS

State
FL

Zip Code
32701

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Date 8/24/09

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	JOSE PEREIRA	9132 TELLER RUN	ORLANDO, FL 32817

400160073084
08/28/09--01047--003 **476.75

10. 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/24/09

Date

(407) 367-8676

Daytime Phone #

209/17