

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 18 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000104068

1. Corporation Name

HOME SERVICES OPTIONS, INC.

2. Principal Office Address

7703 CAMINO REAL

Suite, Apt. #, etc.

A-105

City & State

MIAMI, FL

Zip

33143

Country

USA

3. Mailing Office Address

PO BOX 430263

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33233

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/26/02

5. FEI Number

04-3714542

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

CABRERA, IRMA P.

Street Address (P.O. Box Number is Not Acceptable)

7703 CAMINO REAL

Suite, Apt. #, Etc.

A-105

City

MIAMI

State

FL

Zip Code

33143

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 10/11/04

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
P/S/T	CABRERA, IRMA P.	7703 CAMINO REAL, A-105	MIAMI, FL 33143

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 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:

Irma P. Cabrera-Paes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/04

Date

(786)286-2813

Daytime Phone #

CRS081 (01/04)

HOME SERVICES OPTIONS, INC.

7703 CAMINO REAL, #A-105

MIAMI, FL 33143

October 11, 2004

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Att: Reinstatement Division

RE: Document #P02000104068

Dear Sir/Madam:

Enclosed please find my corporation reinstatement form and a check in the amount of \$150.00.

Due to my father's illness and eventual death I had been traveling extensively outside the country and in all honesty, I don't recall ever receiving any notification as to the annual report's due date. It was today, after approaching my accountant that I was told that the annual report was past due and that my corporation has been "administratively dissolved."

At this time I'm asking you to please abate the penalties incurred, accept the enclosed check as payment for the 2004 annual report, and reactivate my account. I do promise that I will timely file the 2005 prior to its due date.

Your assistance and cooperation is appreciated.

Sincerely,



Irma P. Cabrera
President