

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUL 30 AM 10:51
TALLAHASSEE, FLORIDA

DOCUMENT # P 02000123716

1. Corporation Name

Armstrong Home Improvements, Inc.

100133970201
08/05/08--01005--010 **450.00

2. Principal Office Address

9411 Arbol Ct.

3. Mailing Office Address

9411 Arbol Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo, FL

Zip

33773

Country

USA

Zip

33773

Country

USA

REINSTATEMENT 06-08
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

9/20/02

5. FEI Number

81-0577532

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

Todd Kearney

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

9411 Arbol Ct.

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33773

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date July 28, 2008

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
D	Kearney, Todd	9411 Arbol Ct.	Largo, FL 33773

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 28, 2008

Date

(727) 545-8988

Daytime Phone #

ARMSTRONG HOME IMPROVEMENTS, INC.

9411 ARBOL COURT
LARGO, FLORIDA 33773

(727) 545-8988

July 28, 2008

State of Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Subject: Armstrong Home Improvements, Inc.
Corporation Reinstatement

Reference: Document No. P02000123716

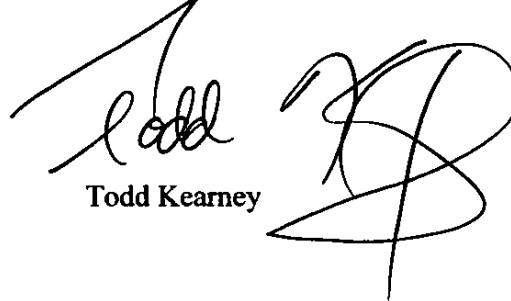
To Whom It May Concern:

Armstrong Home Improvements did not receive the Corporation Annual Report/Uniform Business Report Form. Please waive the reinstatement fee. We are enclosing a check for \$450.00 and our Application for Reinstatement.

Thank you in advance for your attention to this matter.

Very truly yours,

ARMSTRONG HOME IMPROVEMENTS, INC.



Todd Kearney

:dlk

Enclosures: Check #6405 in the amount of \$450.00
Completed Application for Reinstatement, Document: P02000123716