PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000123716 DOCUMENT #

1. Corporation Name

ARMSTRONG HOME IMPROVEMENTS, INC.

Principal Place of Business Mailing Address

FILED 03 NOV 17 AM 11:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA

	33773-1240	incorrect in any way, line thi	9411 ARBOL COURT LARGO FL 33773-1240 rough incorrect information and enter correction below.				700024743967 11/17/0301018026 **150.00			
New Principal Office Address, If Applicable 3. No.				ew Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 11/18/2002			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. FEI Number	5 FFI Number			
City & State			City & State							Not Applicable
Zip Country		Zip Co.		Country	/	So.75 Additional		tional Fee required tificate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Title(s) Name of Officers and/or Directors						eet Address of Each icer and/or Director		City / State / Zip		
D	KEARNEY, TODD D			9411 ARBOL COURT				LARGO FL 33773		
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8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
						Name				
KEARNEY, TODD D- 9411 ARBOL COURT						Street Address (P.O. Box Number is Not Acceptable)				
LARGO FL 33773-1240					Suite, Apt. #, Etc.			(
1						City	State Zip Code			
10. I, being appointed the registored agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date										
11. 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 pold 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 accorate, and my signature shall have the same legal effect as if made under oath.										

SIGNATURE:

ARMSTRONG HOME IMPROVEMENTS, INC.

9411 Arbol Court Largo, FL 33773

(727) 545-8988

November 12, 2003

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

Subject: Armstrong Home Improvements, Inc.

Certificate of Administrative Dissolution or Revocation

Reference: Document No. P02000123716

To whom it may concern:

Armstrong Home Improvements, Inc. did not receive the 2003 Corporation Annual Report/Uniform Business Report Form. Please waive the reinstatement fee. We are enclosing a check for \$150.00 and our Application for Reinstatement.

Thank you in advance for your attention to this matter.

Very truly yours,

ARMSTRONG HOME IMPROVEMENTS, INC.

Bearney/ack

Todd Kearney

:dlk

Enclosures: Check #

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in the amount of \$150.00

Completed Application for Reinstatement, Document # P02000123716