APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 31 AM 8: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000128656

1. Corporation Name

EDDY'S HOME IMPROVEMENTS, INC.

Principal Place of Business	Mailing Address
6911 KIMBERLYNN CIRCLE SARASOTA FL 34243	6911 KIMBERLYNN CIRCLE SARASOTA FL 34243

REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida **12/04/2002**
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number **22-3886483** / Applied For / Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**
Zip / Country	Zip / Country	

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HERNANDEZ, EDUARDO G	6911 KIMBERLYNN CIRCLE	SARASOTA FL 34243
		7000258997 97 12/31/03--01058--006 **750.00	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LANGDON, ALLEN E PH.D.. 125 FIRST AVENUE NOKOMIS FL 34275	Name _Eduardo G Hernández_ Street Address (P.O. Box Number is Not Acceptable) _6911 Kimberlynn Cir_ Suite, Apt. #, Etc. City _Sarasota_ State **FL** Zip Code _34243_

CR2E040 (7/03)

10. I, being appointed the registered 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 _____   Date _12/01/03_

REGISTERED AGENT MUST SIGN

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 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: _Eduardo G Hdez/Pres_ _12/01/03_ (941) 320-3162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #