


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000015775 1. Entity Name VERSATILE HOME REPAIRS, CORP.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY 23 AM 4: 59

Principal Place of Business 2178 INDIA BLVD. DELTONA, FL 32738	Mailing Address 2178 INDIA BLVD. DELTONA, FL 32738
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REINSTATEMENT 06-07



2. Principal Place of Business - No P.O. Box #	3. Mailing Address	05012007 REIN-P CR2E098 (1/07)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 59-3767853
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

ARCHER, ALFREDO
2178 INDIA BLVD.
DELTONA, FL 32738

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PSTD ARCHER, ALFREDO	<input type="checkbox"/>
NAME	2178 INDIA BLVD.	
STREET ADDRESS	DELTONA, FL 32738	
CITY-ST-ZIP		
TITLE	V HAMILTON, MARTIN	<input checked="" type="checkbox"/>
NAME	2178 INDIA BLVD.	
STREET ADDRESS	DELTONA, FL 32738	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	400104101384		
NAME	06/08/07--01004--010 **300.00		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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