


2005 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P03000052929 | |  |
| 1. Entity Name PILAR HOME SERVICES, INC. | | |

FILED

05 NOV -9 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| Principal Place of Business 147 EBERTON DRIVE DAVENPORT, FL 33837 | Mailing Address 147 EBERTON DRIVE DAVENPORT, FL 33837 |
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| 2. Principal Place of Business 106 HAVERSHAM WAY Suite, Apt. #, etc. | 3. Mailing Address 106 HAVERSHAM WAY Suite, Apt. #, etc. |
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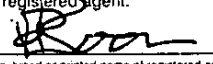
09212005 REIN-P CR2E098 (6/04)

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|------------------------------|------------------------------|-----------------------------|-------------------------------|
| City & State DAVENPORT FL | City & State DAVENPORT FL | 4. FEI Number 14-1884348 | Applied For Not Applicable |
| Zip 33897 | Country USA | Zip 33897 | Country USA |

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| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MORGAN, HUGH 2831 RINGLING BLVD D113 SARASOTA, FL 34237 |
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| 7. Name and Address of New Registered Agent | |
| Name PETER L BOORMAN | |
| Street Address (P.O. Box Number is Not Acceptable) 106 HAVERSHAM WAY | |
| City DAVENPORT | FL Zip Code 33897 |

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| 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  | DATE 09-24-05 |

Signature, typed or printed name of registered agent and title if applicable.

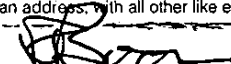
(NOTE: Registered Agent signature required when reinstating)

DATE

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BOORMAN, PETER 147 EBERTON DRIVE DAVENPORT, FL 33837 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PETER BOORMAN 106 HAVERSHAM WAY DAVENPORT FL 33897 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 600061303346 11/09/05--01062--004 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. | |
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| SIGNATURE:  | DATE 09.24.05 | Daytime Phone # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |