

# 2004 FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000067477

1. Entity Name  
NATIONAL HOME BUYERS REBATE CONNECTION, INC.



FILED

04 NOV -3 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1687 ARABIAN LANE  
PALM HARBOR, FL 34685

Mailing Address  
334 EAST LAKE ROAD  
# 266  
PALM HARBOR, FL 34685

*Handwritten initials*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 2004

4. FEI Number  
571176365

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDERMOTT, KEVIN M  
1687 ARABIAN LANE  
PALM HARBOR, FL 34685

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 KEVIN M. MCDERMOTT

*Handwritten signature of Kevin M. McDermott*

11/1/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  Delete  
NAME MCDERMOTT, KEVIN M  
STREET ADDRESS 1687 ARABIAN LANE  
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE  Change  Addition  
NAME 000042437050  
STREET ADDRESS 11/03/04--01039--001 \*\*158.75  
CITY-ST-ZIP

TITLE V  Delete  
NAME MCDERMOTT, JUDITH A  
STREET ADDRESS 1687 ARABIAN LANE  
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: KEVIN M. MCDERMOTT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Handwritten signature of Kevin M. McDermott*

Date

Daytime Phone #

11/1/04 (727) 439-3917