

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2008 APR 23 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600125281746
04/23/08--01017--011 **450.00

CR2E081 (12/07)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P03000097352

1. Corporation Name

C.L.S. HOME IMPROVEMENT CO.

2. Principal Office Address - No P.O. Box #

15060 SW 183 TERR

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33187

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09-05-03

5. FEI Number

37-1474762

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LAZARO A. CARMONA

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

15060 SW 183 TERR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent




REGISTERED AGENT MUST SIGN

Date

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	LAZARO A. CARMONA	15060 SW 183 TERR	MIAMI, FL 33187
VP/D	CLARA M. CARMONA	15060 SW 183 TERR	MIAMI, FL 33187

REINSTATEMENT

06-08 

10. 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 contained in Chapter 119, 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-08

Date

Daytime Phone #