



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000106634 1. Entity Name QUALITY HOME RESTORATIONS INC						FILED 05 JUN -3 PM 3:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 61 ALAFAYA WOODS BLVD OVIEDO, FL 32765				Mailing Address 61 ALAFAYA WOODS BLVD OVIEDO, FL 32765			
2. Principal Place of Business 23 ALAFAYA WOODS BLVD Suite, Apt. #, etc.		3. Mailing Address 23 ALAFAYA WOODS BLVD Suite, Apt. #, etc.		 063129053 0 8511 8 0 0025948 604			
City & State OVIEDO - FLORIDA Zip 32765 Country		City & State OVIEDO - FLORIDA Zip 32765 Country		4. FEI Number 56-2397343		Applied For <input type="checkbox"/> Additional <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HOSKINS, JAMES 61 ALAFAYA WOODS BLVD OVIEDO, FL 32765				7. Name and Address of New Registered Agent Name HOSKINS, JAMES Street Address (P.O. Box Number is Not Acceptable) 23 ALAFAYA WOODS BLVD City OVIEDO FL Zip Code 32765			
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: <i>James G. Hoskins</i> 05/31/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOSKINS, JAMES 61 ALAFAYA WOODS BLVD OVIEDO, FL 32765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOSKINS, JAMES 23 ALAFAYA WOODS BLVD OVIEDO, FL 32765	<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		<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		
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		
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: <i>James G. Hoskins</i>				05/31/05		(407) 366-0362	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	