

1092

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000116357

1. Entity Name  
HOME SWEET HOME RESTORATION, INC.



FILED  
06 JUN 14 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
230 PRIMO DR  
FT MYERS BCH, FL 33931

Mailing Address  
PO BOX 50  
FORT MYERS BEACH, FL 33932

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. BOX 5011  
Suite, Apt. #, etc.  
FT. MYERS BCH.

City & State  
FL.

Zip Country  
33932 U.S.A.



REINSTATEMENT  
06/20/06 (11/05) OS-06

4. FEI Number  
04-3790303

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
HAMILTON, DIANE  
230 PRIMO DR  
FT MYERS BCH, FL 33931

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 Diane Hamilton DATE June 12, 2006  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	DP HAMILTON, DIANE 230 PRIMO DR FT MYERS BCH, FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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06/20/06--01061--007 \*\*300.00

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: Diane Hamilton DATE June 12, 2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2082

Dear Sirs,

June 12, 2006

Please note the incorrect P.O. Box listed on your form. I never received my notice For the last 2 yrs. so was unable to pay my fee of \$150.00 each year.

Enclosed please find my check and thank you for your attention to fixing this problem.

Respectfully,

*Diane Hamelt*  
(owner)

(239) 850-9193