

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000121072

**FILED**  
**Jun 02, 2009**  
**Secretary of State**

**Entity Name:** HOME SOLUTIONS OF BROWARD, INC.

**Current Principal Place of Business:**

2317 N FED HWY  
SUITE 204  
FT LAUDERDALE, FL 33305

**New Principal Place of Business:**

4131 STIRLING RD  
UNIT 108  
FT LAUDERDALE, FL 33312

**Current Mailing Address:**

P.O. BOX 817359  
HOLLYWOOD, FL 33081

**New Mailing Address:**

**FEI Number:** 20-0341481

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUVAL, TIM  
4131 STIRLING RD.  
UNIT 108  
FT. LAUDERDALE, FL 33312 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: TIM DUVAL

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: MR. ( ) Delete  
Name: DUVAL, TIM  
Address: P.O. BOX 817359  
City-St-Zip: HOLLYWOOD, FL 33081

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: DUVAL, ELIZABETH  
Address: P.O. BOX 817359  
City-St-Zip: HOLLYWOOD, FL 33081

Title: D ( ) Change (X) Addition  
Name: DUVAL, TIMOTHY  
Address: P.O. BOX 817359  
City-St-Zip: HOLLYWOOD, FL 33081

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY DUVAL

D

06/02/2009

Electronic Signature of Signing Officer or Director

Date