

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000156231 1. Entity Name HOME INDUSTRIES INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATION 04 DEC 28 PM 2:28 REINSTATEMENT 04	
Principal Place of Business 1468 LINKSIDE DR ATLANTIC BCH, FL 32233				Mailing Address 1468 LINKSIDE DR ATLANTIC BCH, FL 32233			
2. Principal Place of Business 3676 YAHTZEE RD.				3. Mailing Address P.O. BOX 330804			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State YULEE FL				City & State ATLANTIC BEACH FL			
Zip 32097		Country USA		Zip 32233		Country USA	
4. FEI Number 41-2121721				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GILL, BRANDON 1468 LINKSIDE DR ATLANTIC BCH, FL 32233				7. Name and Address of New Registered Agent Name BRANDON GILL Street Address (P.O. Box Number is Not Acceptable) 3676 YAHTZEE RD. City YULEE FL Zip Code 32097			
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 12-22-04 <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 \$750.00 After January 1, 2005, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILL, BRANDON <input type="checkbox"/> Delete 1468 LINKSIDE DR ATLANTIC BCH, FL 32233			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GILL, BRANDON 3676 YAHTZEE RD. YULEE FL 32097		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete TAYLOR, ZACH 3274 WINTERBERRY AVE. FERNANDINA BEACH, FL 32034			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700043664347 12/28/04--01006--017 **750.00		
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 it 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:				12-22-04 904-219-0655			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			