

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000139001

FILED
Oct 05, 2008
Secretary of State

Entity Name: THE HOME CRAFTSMAN INC.

Current Principal Place of Business:

2919 56 STREET SOUTH
GULFPORT, FL 33707 US

New Principal Place of Business:

Current Mailing Address:

2919 56 STREET SOUTH
GULFPORT, FL 33707 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DUSHEIKO & ASSOCIATES INC.
2218 US HIGHWAY 19
HOLIDAY, FL 34691 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: SEL DUSHEIKO

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: PRES () Delete
Name: LUSSIER, GREG A
Address: 2919 56 STREET SOUTH
City-St-Zip: GULFPORT, FL 33707 US

Title: VP () Delete
Name: LUSSIER, MICHELE
Address: 2919 56 STREET SOUTH
City-St-Zip: GULF PORT, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GREG LUSSIER

MR

10/05/2008

Electronic Signature of Signing Officer or Director

Date