

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 30 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000140050

1. Corporation Name

HOME SOLUTIONS FAST, INC.

REINSTATEMENT

000130447060
05/30/08--01004--014 **1050.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

3030 S Ocean Blvd

Suite, Apt. #, etc.

438

City & State

Palm Beach FL

Zip

33480

Country

US

3. Mailing Office Address

3030 S Ocean Blvd

Suite, Apt. #, etc.

438

City & State

Palm Beach FL

Zip

33480

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/2004

5. FEI Number
36-4564974

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sherry Berard

Street Address (P.O. Box Number is Not Acceptable)

3030 S Ocean Blvd

Suite, Apt. #, Etc.

438

City

Palm Beach

State

FL

Zip Code

33480

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Sherry Berard

REGISTERED AGENT MUST SIGN

Date 5/28/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Sherry Berard	3030 S Ocean Blvd #438	Palm Beach FL 33480
T	Kathy Shepard	3030 S Ocean Blvd #438	Palm Beach FL 33480

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Sherry Berard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/08

Date

Daytime Phone #