

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

07 DEC 19 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/19/07

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000156796

1. Corporation Name

Reliable Home Maintenance of S.W.
Florida, Inc.

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

1216 S.E. 22nd St.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33990

Country

U.S.A.

3. Mailing Office Address

1216 S.E. 22nd St.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33990

Country

U.S.A.

REINSTATEMENT 0507

4. Date Incorporated or Qualified
To Do Business in Florida

November 12, '04

5. FEI Number

20-1974478

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

William R. Heldreth

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

1216 S.E. 22nd St.

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33990

☒ 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

Date

REGISTERED AGENT MUST SIGN

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
PD	William R. Heldreth	1216 S.E. 22nd St.	Cape Coral, FL 33990
SD	Dawn M. Rexroad	1216 S.E. 22nd St.	Cape Coral, FL 33990

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/07

Date

239

898-3728

Daytime Phone #