## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

•	RPORATI ISTATEM			\$	DEPAR' Secretary SION OF C	y of S		TE		FIL.ED 08 JUN 17 PM 1:17	
DOCU		# P	0500002	1195						SECILLI, OF STATE TALLAHASSEE, FLORIDA	
Robert Sizemore Home Improvement and Paralegal Services, Inc.											
2. Principa	al Office Addre	ss - No f	3.O. Box#	3. Mailing C	Office Address	SS			700131630387 06/24/08- <u>-0103401</u> 8 **450.00		
596 N.	596 N. Wickham Road				596 N. Wickham Road				9077	CR2E081 (12/07)	
Suite, Apt. 1	#, etc.			Suite, Apt. #,	Suite, Apt. #, etc.						
#65	#65				#65					porated or Qualified iness in Florida 02/09/2005	
City & State				City & State	•				5. FEI Numbe	Applied For	
Melbour	me	Country			Melbourne				® 20-377673 Not Applicable		
<sup>Zlp</sup> 32935		Country		Zip 32935		USA	•		CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee requirements of status of Status		
		7. Nan	ne and Address o	f Current Regis	tered Ager	nt			"		
Name Robert :	Sizemore								The reinstatement fee is imposed, except in		
	<del></del>	x Numbei	r is Not Acceptable	·)					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.		
596 N. \	Wickham I			•							
Suite, Apt. #65	. #, Etc.	··· · · · ·				· ,	<u> </u>				
City Melbou					State Zip Code 32935						
8. I, being Signature o Registered	of	registere	When	egistereb Ag	N N	- رده	with and accept	the ob	digations of secti	Date 607.0505 or 617.0503, F.S.	
9. Names	s and Street A	ddresses	of Each Officer an	d/or Director (Flo	orida nonpro	offt corp	orations must lis	t at lea	ast 3 directors)		
Titles		Officer	Name of s and/or Directors				treet Address of Officer and/or Di		h Ch. (State / 7)		
Pres	Robert S	izemoi	re		596 N.	Wick	ham Road	拼	63	Melbourne,FL 32935	
	RI		NSTA	re <b>M</b>	RH EN'	e T	( %				
	1		10112	L 1 1 7 X	<b>L</b> /⊥ ¬				<del></del>		
this rei owed t	instatement ap by the corporat application is	plication, ion have true and a	the reason for diss	olution has been names of individ ignature shall ha	n eliminated, luals listed o live the same	, the coi on this fo e legal o	porate name sa orm do not qualif effect as if trade	tisfies i fy for a	the requirements n exemption con oath.	peter 607 or 617, F.S. I further certify that when filling of section 607.0401 or 617.0401, F.S., that all fees trained in Chapter 119, F.S. The information indicated 32	

June 16, 2008

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attn: Russell Hunt

Please find enclosed my reinstatement application along with the Annual Report Fees and the Corporate Supplemental Fees for 2006, 2007 and 2008.

Per my discussion with Mr. Hunt on June 16<sup>th</sup>, 2008, he stated if I did not receive the Annual Report Notice in the year of dissolution/revocation then my fee for reinstatement would be waived.

I hereby state that I did not receive the Annual Report Notice in the year of Dissolution/Revocation and therefore I request that my reinstatement fee be waived.

Any questions, please contact me at 321-917-7729.

Respectfully,

Robert Sizemore, Jr.

## June 16, 2008

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attn: Russell Hunt

## Please find attached a check \$450.00. This will represent the following:

\$61.25
\$61.25
\$61.25
\$88.75
\$88.75
\$88.75

Total Amount Paid \$450.00

Respectfully,

Robert Sizemore, Jr.