2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000070324

Entity Name: CARRELLAS HOME SERVICES

FILED Dec 22, 2009 Secretary of State

Entity Name: CARBELLAS HOME SERVICES INC. **Current Principal Place of Business: New Principal Place of Business:** 4950 S.W. 129 COURT OCALA, FL 34481 **Current Mailing Address: New Mailing Address:** 4950 S.W. 129 COURT OCALA, FL 34481 FEI Number: 41-2175659 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MEDINA, SHARON 4950 S.W. 129 COURT OCALA, FL 34481 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: SHARON MEDINA 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MEDINA, SHARON Name: Name: 4950 S.W. 129TH COURT Address: Address: City-St-Zip: OCALA, FL 34481 City-St-Zip: Title: DV () Delete Title: () Change () Addition Name: MEDINA, DANIEL Name: 4950 S.W. 129TH COURT Address: Address: OCALA, FL 34481 City-St-Zip: 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: SHARON MEDINA PRES 12/22/2009