

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT -9 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10052006 REIN-P CR2E098 (11/05)

DOCUMENT # P05000070436

1. Entity Name  
H & S KITCHENS AND BATHS, INC.



Principal Place of Business  
1040 WHALEBONE BAY DR  
KISSIMMEE, FL 34741

Mailing Address  
1040 WHALEBONE BAY DR  
KISSIMMEE, FL 34741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2847914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, HERIBERTO  
1040 WHALEBONE BAY DR  
KISSIMMEE, FL 34741

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPS  
GONZALEZ, HERIBERTO  
1040 WHALEBONE BAY DR  
KISSIMMEE, FL 34741 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
700080639127  
10/09/06--01045--006 \*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VT  
GONZALEZ, SARA M  
1040 WHALEBONE BAY DR  
KISSIMMEE, FL 34741 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/5/06 407 433-6937

10/10/06