

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 NOV 13 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11062006 REIN-P CR2E098 (11/05)

FEI Number
110-1725935

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAY, JIM
3984 SR 64 E
BRADENTON, FL 34208

7. Name and Address of New Registered Agent

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]* (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

TITLE	P	<input type="checkbox"/> Delete
NAME	CAMPOS, MARTIN	
STREET ADDRESS	3509 69TH ST W	
CITY - ST - ZIP	BRADENTON, FL 34209	
TITLE	S	<input type="checkbox"/> Delete
NAME	LARIOS, MARIO	
STREET ADDRESS	POST OFFICE BOX 374	
CITY - ST - ZIP	PARRISH, FL 34219	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2782

November 6, 2006

Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Notice of Dissolution or Revocation received

To Whom It May Concern:

I received in the mail a notice of Dissolution or Revocation for my corporation, Home Concepts of the West Coast, Inc. Document # P05000080764.

I am enclosing the form for Reinstatement. My payment of \$150 should already show on your records as receiving. I never received a notice prior to this one, nor a correction letter, therefore, I ask that you please accept the attached signed Reinstatement form, and waive all late fees and penalties.

Thank you for your consideration,



Martin Campos
President

Cc File
Enclosure