

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000161198</b> 1. Entity Name <b>TUTORING IN HOME SERVICE, INC.</b>						<b>FILED</b> <b>07 MAR 19 AM 9:53</b> IN THE OFFICE OF THE CLERK OF THE STATE TALLAHASSEE, FLORIDA		
Principal Place of Business <b>2240 JOHNSON ST. 1410 FLETCHER ST.</b> <b>HOLLYWOOD, FL 33020 US</b>				Mailing Address <b>2240 JOHNSON ST. 1410 FLETCHER ST.</b> <b>HOLLYWOOD, FL 33020 US</b>				
2. Principal Place of Business - No P.O. Box # <b>1410 FLETCHER ST</b>				3. Mailing Address <b>1410 FLETCHER ST.</b>				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				
City & State <b>HOLLYWOOD FL.</b>				City & State <b>FL.</b>				
Zip <b>33020</b>		Country <b>U.S.A</b>		Zip <b>33020</b>		Country <b>U.S.A</b>		
6. Name and Address of Current Registered Agent  <b>BUSINESS FILINGS INCORPORATED</b> <b>1203 GOVERNORS SQUARE BLVD.</b> <b>STE. 101</b> <b>TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name <b>DOREEN LORUSSO</b> Street Address (P.O. Box Number is Not Acceptable) <b>1410 FLETCHER STREET</b> City <b>HOLLYWOOD</b> <b>FL</b> Zip Code <b>33020</b>				
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 <u><i>Doreen Lorusso</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>								
<b>FILE NOW!!! FEE IS \$900.00</b>								
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR LORUSSO, DOREEN 2240 JOHNSON ST. HOLLYWOOD, FL 33020			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DOREEN LORUSSO 1410 FLETCHER ST HOLLYWOOD, FL 33020		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>pr 3/22</i>			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>900095801029</b> <b>04/04/07--01030--015 **908.75</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Doreen Lorusso</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/12/07 954-921-0047 <small>Date Daytime Phone #</small>				