
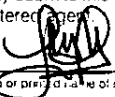
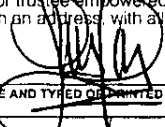


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000006283 1. Entity Name LEONOR'S HOME IMPROVEMENTS CORPORATION																											
Principal Place of Business 8421 ISLESWORTH CT. #14305 SARASOTA, FL 34243		Mailing Address 8421 ISLESWORTH CT. #14305 SARASOTA, FL 34243																									
2. Principal Place of Business - No P.O. Box # 10404 Spoonbill Rd.		3. Mailing Address 10404 Spoonbill Rd. West																									
Suite, Apt. #, etc. West.		Suite, Apt. #, etc. 																									
City & State BRADENTON		City & State BRADENTON																									
Zip 34209		Zip 34209																									
Country US		Country US																									
6. Name and Address of Current Registered Agent ROSADO, LEONOR E MRS 8421 ISLESWORTH CT. #14305 SARASOTA, FL 34243		7. Name and Address of New Registered Agent Name LEONOR ROSADO Street Address (P.O. Box Number is Not Acceptable) 10404 Spoonbill Rd. West City BRADENTON FL Zip Code 34209																									
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  DATE 9/24/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:10%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>ROSADO, LEONOR E MRS.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8421 ISLESWORTH CT. #14305</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34243</td> <td></td> </tr> </table>		TITLE	P	Delete	NAME	ROSADO, LEONOR E MRS.		STREET ADDRESS	8421 ISLESWORTH CT. #14305		CITY-ST-ZIP	SARASOTA, FL 34243		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%; text-align: right;">Change</td> <td style="width:10%; text-align: right;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	Change	Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: 		Date 9/24/07 Daytime Phone # 941-2846680																									

FILED

2007 OCT 12 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09222007 REIN-P CR2E098 (1/07)

4. FEI Number **204132520** Applied For ☐ Not Applicable ☐

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