


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000027219 1. Entity Name BMS HOME IMPROVEMENTS & INSPECTIONS, INC.					
Principal Place of Business 1562 MUIR CIR. CLERMONT, FL 34711			Mailing Address 1562 MUIR CIR. CLERMONT, FL 34711		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4362392	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLAUSS, BRYAN E. 1562 MUIR CIR. CLERMONT, FL 34711				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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>Bryan E. Clauss</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE: <u>09/30/08</u> <small>(NOTE: Registered Agent Signature Required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, 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	D CLAUSS, BRYAN E. 1562 MUIR CIR. CLERMONT, FL 34711	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	100136533071 10/01/08--01046--003	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Bryan E. Clauss</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
DATE: <u>09/30/08</u> DAYTIME PHONE #: <u>352-636-4120</u>					

FILED

08 OCT -1 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09302008 REIN-P CR2E098 (1/07)

REINSTATEMENT