

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 FEB -3 PM 1:18

DOCUMENT # **P060000 34734**

1. Corporation Name

**Home Improvements By
Richard Deneen Inc.**

500167113485
02/03/10--01033--005 **150.00

500167113485
01/25/10--01054--017 **150.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

106 E. Nelson St.

Suite, Apt. #, etc

3. Mailing Office Address

106 E. Nelson St.

Suite, Apt. #, etc

City & State

Tavares FL

City & State

Tavares FL

Zip

32778

Country

Lake

Zip

32778

Country

Lake

4. Date Incorporated or Qualified
To Do Business in Florida

3/8/06

5. FEI Number

20-4285163

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard James Deneen

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

106 E. Nelson St.

Suite, Apt. #, Etc.

City

Tavares

State

FL

Zip Code

32778

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Richard Deneen

Date

1/20/10

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Richard Deneen	106 E. Nelson St.	Tavares, FL 32778

REINSTATEMENT

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Richard Deneen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/10

Daytime Phone #

352-223-25

04