

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000045554

**FILED**  
**Oct 02, 2014**  
**Secretary of State**

**Entity Name:** HOME ASSISTANT TECHNOLOGY INC

**Current Principal Place of Business:**

100 BROOKHILL DRIVE  
COCOA, FL 32926 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 BROOKHILL DRIVE  
COCOA, FL 32926 US

**New Mailing Address:**

**FEI Number:** 20-4905973

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NIEVES, HIRAM  
100 BROOKHILL DRIVE  
COCOA, FL 32926 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** HIRAM NIEVES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P, S  
**Name:** NIEVES, HIRAM  
**Address:** 100 BROOKHILL DR.  
**City-St-Zip:** COCOA, FL 32926 US

**Title:** T, D  
**Name:** NIEVES, HIRAM  
**Address:** 100 BROOKHILL DR.  
**City-St-Zip:** COCOA, FL 32926 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** HIRAM NIEVES

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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10/02/2014

\_\_\_\_\_  
Date