

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JAN 25 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000096051

1. Corporation Name

Upgraded Home Installation

REINSTATEMENT 07-10

300167109953  
01/25/10--01050--010 \*\*600.00  
CR2E081 (11/09)

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

1511 Gants Circle

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34744

Country

USA

3. Mailing Office Address

1511 Gants Circle

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34744

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 07/21/2006

5. FEI Number

141983231

☒ 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

Anthony Rivera

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

1511 Gants Circle

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

☒ 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

REGISTERED AGENT MUST SIGN

Date 01/21/2010

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
CEO/P	Anthony Rivera	1511 Gants Circle	Kissimmee/FL/34744

10. E-mail Address: upgradedhomeinstallation@yahoo.com

(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:

Anthony Rivera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/2010 407-452-9785

Date

Daytime Phone #

201/26