

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000128301

Entity Name: HOMEX SERVICES INC.

FILED
Dec 12, 2007
Secretary of State

Current Principal Place of Business:

2507 JASMINE TRACE DR
KISSIMMEE, FL 34758

New Principal Place of Business:

2563 JASMINE TRACE DR
KISSIMMEE, FL 34758

Current Mailing Address:

2507 JASMINE TRACE DR
KISSIMMEE, FL 34758

New Mailing Address:

2563 JASMINE TRACE DR
KISSIMMEE, FL 34758

FEI Number: 20-5768408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALCARAZ, MARTHA D
2507 JASMINE TRACE DR
KISSIMMEE, FL 34758 US

Name and Address of New Registered Agent:

ALCARAZ, MARTHA D
2563 JASMINE TRACE DR
KISSIMMEE, FL 34758 US

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: MARTHA ALCARAZ

12/12/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: ALCARAZ, MARTHA D
Address: 2705 JASMINE TRACE DR
City-St-Zip: KISSIMMEE, FL 34758

Title: VP/T () Delete
Name: ALCARAZ, MARTHA D
Address: 2705 JASMINE TRACE DR
City-St-Zip: KISSIMMEE, FL 34758

Title: S () Delete
Name: ALCARAZ, MARTHA D
Address: 2705 JASMINE TRACE DR
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: ALCARAZ, MARTHA D
Address: 2563 JASMINE TRACE DR
City-St-Zip: KISSIMMEE, FL 34758

Title: VP/T (X) Change () Addition
Name: ALCARAZ, MARTHA D
Address: 2563 JASMINE TRACE DR
City-St-Zip: KISSIMMEE, FL 34758

Title: S (X) Change () Addition
Name: ALCARAZ, MARTHA D
Address: 2563 JASMINE TRACE DR
City-St-Zip: KISSIMMEE, FL 34758

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARTHA ALCARAZ

P/D

12/12/2007

Electronic Signature of Signing Officer or Director

Date