

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000022630

1. Entity Name
PRATES HOME IMPROVEMENT, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR 24 AM 10:11

Principal Place of Business
**315 OAK ROSE LANE
APT 201
TAMPA, FL 33612 US**

Mailing Address
**315 OAK ROSE LANE
APT 201
TAMPA, FL 33612 US**



2. Principal Place of Business - No P.O. Box #
12401 ORANGE BLOSSOM PL.

3. Mailing Address
12401 ORANGE BLOSSOM PL.

Suite, Apt. #, etc.
#101, TAMPA FL

Suite, Apt. #, etc.
#101

City & State
33612

City & State
TAMPA FL

Zip Country
33612 US

Zip Country
33612 U.S.

04152009 REIN-P CR2E098 (1/07)

4. FEI Number
20-8522621

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PRATES, ELIAS E
315 OAK ROSE LANE
APT 201
TAMPA, FL 33612**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 ☒

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PRATES, ELIAS E**
STREET ADDRESS **315 OAK ROSE LANE APT 201**
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **PRATES, ELIAS E**
STREET ADDRESS **12401 ORANGE BLOSSOM PL. APT 101**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: **Elas E. Prates**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #