

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000119291

FILED  
Sep 28, 2009  
Secretary of State

Entity Name: AT HOME AGAIN, INC.

**Current Principal Place of Business:**

3691 CROSS WATER BLVD  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

10135 GATE PARKWAY N.  
APT. 1815  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

3691 CROSS WATER BLVD  
JACKSONVILLE, FL 32224

**New Mailing Address:**

10135 GATE PARKWAY N.  
APT. 1815  
JACKSONVILLE, FL 32246

FEI Number: 26-1355614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SEVERSON, SUSAN J  
3691 CROSS WATERBLVD  
JACKSONVILLE, FL 32225 US

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

SEVERSON, SUSAN J  
10135 GATE PARKWAY N.  
APT 1815  
JACKSONVILLE, FL 32246 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: SUSAN J. SEVERSON

09/28/2009

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,S ( ) Delete  
Name: SEVERSON, SUSAN J  
Address: 3691 CROSS WATER BLVD  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP ( ) Delete  
Name: SEVERSON, EDWARD M  
Address: 3691 CROSS WATER BLVD  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P,S (X) Change ( ) Addition  
Name: SEVERSON, SUSAN J  
Address: 10135 GATE PARKWAY N., #1815  
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP (X) Change ( ) Addition  
Name: SEVERSON, EDWARD M  
Address: 10135 GATE PARKWAY N., #1815  
City-St-Zip: JACKSONVILLE, FL 32246

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: SUSAN J. SEVERSON

PRES

09/28/2009

Electronic Signature of Signing Officer or Director

Date