## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P08000058567

PO BOX 947

City-St-Zip: LAKELAND, FL 33802

Address:

\_ ...

FILED Dec 08, 2009 Secretary of State

| Entity Na                                     | me: HOMETO  | DUCH ALTERNATIVE, INC.  |   |  |  |
|---|---|---|---|--|--|
| Current Principal Place of Business:          |   |   | New Principal Place                         | New Principal Place of Business:             |  |
|   | MERFIELD DR.<br>D, FL 33803                               |   |   |  |  |
| Current Mailing Address:                      |   |   | New Mailing Addres                          | New Mailing Address:                         |  |
| PO BOX 3<br>LAKELANI                          | 414<br>D, FL 33802  |   |   |  |  |
| FEI Number                                    | : 80-0184926  | FEI Number Applied For ( )  | FEI Number Not Applicable ( )               | Certificate of Status Desired (X)            |  |
| Name and Address of Current Registered Agent: |   |   | Name and Address                            | Name and Address of New Registered Agent:    |  |
| 865 SUMM                                      | 3, SHERYL H.<br>MERFIELD DR.<br>D, FL 33803               | US  |   |  |  |
|   | named entity s<br>e of Florida.                           | submits this statement for the p                                      | ourpose of changing its registere           | ed office or registered agent, or both,      |  |
| SIGNATU                                       | RE: SHERYL  | H. DOWNING  |   |  |  |
|   | Electron  | ic Signature of Registered Age  | ent   | Date   |  |
|   |   | 3(2)(b), F.S., the corporation did no<br>Trust Fund Contribution ( ). | ot receive the prior notice.                |  |  |
| OFFICERS AND DIRECTORS:                       |   |   | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P ()<br>DOWNING, SHE<br>PO BOX 3414<br>LAKELAND, FL       |   | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VP ()<br>DOWNING, EMI<br>601 N. 5TH ST.<br>HAINES CITY, F |   | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:                               | S ()<br>DOWNING, ME                                       | Delete<br>ESHA J.   | Title:<br>Name:                             | ( ) Change ( ) Addition                      |  |

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.

Address:

City-St-Zip:

SIGNATURE: SHERYL H. DOWNING PRES 12/08/2009