2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000070653

Entity Name: HOME SOLUTION SERVICES, INC.

FILED Oct 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7951 SW 40TH STREET, STE 206 550 BILTMORE WAY MIAMI, FL 33155 STE 209

CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

7951 SW 40TH STREET, STE 206 550 BILTMORE WAY

MIAMI, FL 33155 STE 209

CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FEI Number: 26-3248881 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DIAZ, OSVALDO J
7951 SW 40TH STREET, STE 206
550 BILTMORE WAY

MIAMI, FL 33155 US STE 209 CORAL GABLES, FL 33134 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: JULIO PONCE 10/14/2009

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: PSVT () Delete Title: PSVT (X) Change () Addition

Name: PONCE, JULIÓ Name: PONCE, JULIÓ ČÍ

Address: 7951 SW 40TH STREET, STE 206 Address: 550 BILTMORE WAY STE 209

City-St-Zip: MIAMI, FL 33155 City-St-Zip: CORAL GABLES, FL 33134

Name: PONCE, JULIO Name: PONCE, JULIO

 Address:
 7951 SW 40TH STREET, STE 206
 Address:
 550 BILTMORE WAY STE 209

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:
 CORAL GABLES, FL 33134

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: JULIO PONCE P 10/14/2009