PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2017 DEC 19 AM 9:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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12/19/17--01012--001 **608.75

CR2E081 (11/10)

DOCUMENT # P12000067472

1. Corporation Name
ANDRE'S HOME IMPROVEMENT INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6009 SW 128ST Rd	6009 SW 128TH ST Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA. FL.	City & State: OCALA. FL.
Zip: 34473 Country: U.S.A.	Zip: 34473 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 08/01/2012

5. FEI Number: 46-0749828 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: PARMANAND DHANIRAM.

Street Address (P.O. Box Number is Not Acceptable): 6009 SW 128th STREET ROAD

Suite, Apt. #, Etc.:

City: OCALA. State: FL Zip Code: 34473

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Parmanand Dhaniram. Date: 12/19/2017
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.	PARMANAND DHANIRAM	6009 SW 128TH ST Rd	OCALA. FL. 34473
	REINSTATEMENT		
		RLH	

10. E-mail Address: rudy259@msn.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: Parmanand Dhaniram 12/19/2017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #