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(Requ	uestor's Name)	
(Addı	ress)	
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PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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07/15/16--01019--005 **78.75

T & S HOME IDEAS INC.

17208 Oriole Rd., Fort Myers, FL 33967 Tel (239) 691-8660 Fax # (239) 430-1740

FLORIDA DEPARTMENT OF STATE Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

July 11, 2016

Re: Florida Profit Corporation

Dear Sir/Madam:

Please be advised that we are not going to reinstate Document P13000101390 which has been administratively dissolved on September 25, 2015.

In line with this, we would like to file a new Articles of Incorporation for a profit corporation with the same name, T & S HOME IDEAS INC.

Attached please find the following:

- 1. Cover Letter
- 2. Articles of Incorporation
- 3. Articles of Incorporation (extra copy)
- 4. A check for \$78.75

I hope you will find everything in order. If you have any questions, please feel free to call my accountant, Edith Manuel, at (239) 877-1017.

Sincerely yours,

YOKE S. CHAN

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	IOME IDEAS INC		
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIR		
FROM:		e (Printed or typed)	
172	08 ORIOLE RD	Address	
FO	RT MYERS, FL 33967	Address	
	City	, State & Zip	
(23	9) 691-8660		
	Daytime 7	Celephone number	
TSI	HOMEIDEAS6460@GMAIL.COM		
	F-mail address: (to be use	d for future annual report i	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

name of the corpor	<u>CIPAL OFFICE</u>		
	Principal street address		Mailing address, if different is
8 ORIOLE RD			
T MYERS, FL 33			
CIEII DUDE	VACE.		
urpose for which	the corporation is organized is: ANY	AND ALL LAWFUL	BUSINESS
		<u> </u>	
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ICLE IV SHAP	RES 1000 f stock is:	,	
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Name a	and Title:	Name and Title:
Addre	ss	Address:
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	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptab	ale) of the registered agent is:
Name:	YOKE S. CHAN	ne) of the registered agent is.
Address:	17208 ORIOLE RD	<u></u> -
	FORT MYERS, FL 33967	
ARTICLE VII	<u>INCORPORATOR</u>	
The <u>name and</u> :	address of the Incorporator is:	
Name:	YOKE S. CHAN	<u> </u>
Address:	17208 ORIOLE RD	
	FORT MYERS, FL 33967	
ARTICLE VIII	_EFFECTIVE DATE:	
Effective date, i (If an effective days after the		annot be more than five business days prior or 90 business
	te inserted in this block does not meet the applic effective date on the Department of State's reco	cable statutory filing requirements, this date will not be listed a ords.
		ocess for the above stated corporation at the place designated as registered agent and agree to act in this capacity
	Cair.	7/11/16 Date
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated hereine Department of State constitutes a third degree	are true. I am aware that the false information submitted in felony as provided for in s.817.155, F.S.
/	(Las	7/11/16
Rea	uired Signature/Incorporator	Date