PLEASE READ ALL INSTRUCTIONS	BEFORE COMPLETING THIS FORM.
APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT Katherine Ha Secretary of S DIVISION OF CORPOR	NT OF STATE INTERIOR OF STATE OF STATE OF STATE
DOCUMENT # 8930000 27551 1. Corporation Name RERESA'S Home Service's . Inc.	00 NOV -1 PM 4:01
Principal Place of Business Mailing Address DALL CILCL BOYUTON BOACH (L 32 432 If above addresses are incorrect in any way, line through incorrect information and enter 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable SECS GRAD SECS GRAD	Applicable, 4. Date Incorporated or Qualified
Suite, Apt. #, etc. Suite, Ap	5. FEI Number Applied For
Title(s) 2 and/or Directors 3 Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) 4 DIP HERNANDEZ TERESA 5863 GRAND HARbour Circle BoyNTON BEACH FL 3437 DIVP FERRER, TERESA	
900003471239—9 -11/20/0001149005 	
8. Name and Address of Current Registered Agent HERNANDEZ TERRSA SEG3 GIZAND HARBOUR BOYNTON BRACH, FL 33437 10. I, being appointed the registered agent of the above named corporation, am familiar will signature of the above named corporation.	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code FL
11. This corporation owes the current year Intangible Personal Property Tax due June 30. 12. I certify that I am an officer or director or the receiver or trustee empowered to execute this reinstatement application, the reason for dissolution has been eliminated, the corporation of the receiver of trustee empowered to execute this reinstatement application, the reason for dissolution has been eliminated, the corporation of the receiver of trustee empowered to execute this reinstatement application.	this application as provided for in chapter 607 or 617, F.S. I further certify that when filing brate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees and on not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: RESIDENT 7 19 1000 36 - 733 - 304 7 19 1000 36 - 733 - 304 7 19 19 19 19 19 19 19	