

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000027551

1. Entity Name  
TERESA'S HOME SERVICES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 20 AM 8:00

**REINSTATEMENT** 04



Principal Place of Business  
159 BURGUNDY C  
DELRAY BEACH, FL 33484 US

Mailing Address  
159 BURGUNDY C  
DELRAY BEACH, FL 33484 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12142004 REIN-P

CR2E098 (6/04)

4. FEI Number  
65-0407381

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, TERESA  
139 BURGUNDY C  
DELRAY BEACH, FL 33484

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

800043533578  
12/20/04--01062--009 \*\*750.00

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
HERNANDEZ, TERESA  
5883 GRAND HARBOUR CIRCLE  
BOYNTON BEACH, FL 33437

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

139 BURGUNDY C  
DELRAY BEACH, FL 33484

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-2004 521-255-2200

Date

Daytime Phone #