	PLEASE RE	AD ALL INSTRUCT	TIONS BEFORE C	COMPLETING THIS FORM.	
•	LIGATION FOR	FLORIDA DEPA Sandra Secret	ARTMENT OF STATE  B. Mortham  tary of State	FILED	
96 UCI -7 PM 4:21					
DOCUMENT # P95000026754 TO TO				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
THE HOME ARRANGERS, INC.				IALLIMASSEE, FEOTION	
1118 WAVERLY RD.		Mailing Address  -1110 WAVERLY RD.  TALLAHASSEE FL 323	12		
2. New Prin 2417 Suite, Apt. #	, etc.	line through incorrect information  3. New Mailing Office  3. Use Mailing Office  3. Use Mailing Office  4.3  5.4.3  5.4.3  6.4.3  6.4.4.3	and enter correction below. Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number  Applied For Not Applicable	
City & State	- Country	- Tallah	Country USA	6. CERTIFICATE OF STATUS DESIRED (\$8.75 Additional Fee required for a Certificate of Status	
	and Street Addresses of Each Office		profit corporations must list at le	ast 3 directors)	
Title(s)	Name of Offic and/or Direct 2		Street Address of Each Officer and/or Directo (Do NOT Use Post Office Box	h	
PVST	LEA, DEE	'	WAVERLY AD.	TALLAHASSEE FL 32312- 32308	
D	LEA, DEE	-1118	WAVERLY AD. 413 Potts D	TALLAHASSEE FL-32312 3 2 308	
				9000019800193 -10/18/9601051002 ****208.75 ****208.75	
				JB10-17-94	
	B. Name and Address of	Current Registered Agent	Name	9. Name and Address of New Registered Agent	
				(P.O. Box Number is Not Acceptable)	
317 E. CALL ST. TALLAHASSEE FL 32303				Suite, Apt. #, Etc.	
	• .		City	State Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent Date Date					
Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)					
12. 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., that all fees owed by the corporation have been paid and the names of individuals tisted on this form do 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  10/3/54 504/508  Daylore Phone # 207/					

September 27, 1996

Dept. of State Division of Corporations P. O. Box 6327 Tallahassee, FL. 32314

To Whom It May Concern:

The Home Arrangers work out of the president's home at 2413 Potts Road. This new location was established in October of 1995. No indication of notifying your office of a change of address was possible since our corporation was established in April of 1995. We did not receive a first notice nor a second notice regarding the annual report fee. A forwarding address from 1118 Waverly Road has kept all mail coming to us, however, if it was not sent 1st class, then it would not have been forwarded. It is unusual that we did not receive either notice, though. Forwarded mail in Tallahassee gets re-routed through Jacksonville, and perhaps due to that circumstance, they got lost or misdirected. This letter is a request that the reinstatement fee for the Home Arrangers, Inc. be waived. A check for \$200.00 is being mailed with this and the appropriate form.

Thank you for your kind consideration in this matter.

Sincerely yours,

Phyllis Graham

\* plus certificate of status fee

Total

208.75

Check# 0838