2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 14, 2007
Secretary of State

DOCUMENT# P96000026726

Entity Name: HOME RECOVERY SOLUTIONS, INC.

Current Principal Place of Business:

2621 SPICEBUSH LOOP
APOPKA, FL 32712 US

New Principal Place of Business:

1800 PEMBROOK DRIVE
ORLANDO, FL 32810 US

Current Mailing Address:

1631 ROCK SPRINGS ROAD
#123
APOPKA, FL 32712 US

New Mailing Address:

FEI Number: 65-0653780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEAVER, WAYNE E PSTD
2621 SPICEBUSH LOOP
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

WEAVER, WAYNE E PSTD
1800 PEMBROOK DRIVE
ORLANDO, FL 32810 US

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.

SIGNATURE: WAYNE WEAVER 10/14/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: WEAVER, WAYNE E
Address: 2621 SPICEBUSH LOOP
City-St-Zip: APOPKA, FL 32712 US

Title: S ( ) Delete
Name: WEAVER, MARGO
Address: 2621 SPICEBUSH LOOP
City-St-Zip: APOPKA, FL 32712 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: WEAVER, WAYNE E
Address: 1800 PEMBROOK DRIVE
City-St-Zip: ORLANDO, FL 32810 US

Title: S (X) Change ( ) Addition
Name: WEAVER, MARGO
Address: 1800 PEMBROOK DRIVE
City-St-Zip: ORLANDO, FL 32810 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE WEAVER PSTD 10/14/2007
Electronic Signature of Signing Officer or Director Date