AUG-14-2003 16:02 P.02

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000019478

1. Corporation Name
HOME SERVICE NETWORK, INC.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
1300 E. MICHIGAN ST.	1300 E. MICHIGAN ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32806 County: ORANGE	Zip: 32806 County: ORANGE

4. Date Incorporated or Qualified To Do Business in Florida: 2/25/1997

5. FEI Number: 59-3458993 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: LENNY L. LAYLAND

Street Address (P.O. Box Number is Not Acceptable): 1300 E. MICHIGAN ST.

Suite, Apt. #, Etc.:

City: ORLANDO State: FL Zip Code: 32806

8. I, being appointed the registered agent of the aforenamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0501, F.S.

Signature of Registered Agent: [signature] Date: 8/14/03

REGISTERED AGENT MUST SIGN

CR2E018 (03/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	LENNY L. LAYLAND	1300 E. MICHIGAN	ORLANDO, FL 32806

10. I certify that I am an officer or director of the reviver or (where 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 listed 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] Lenny Layland 8/14/03 407-897-5460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL018 - (1/03) CT System Online

pr 8/19

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

HOME SERVICE NETWORK, INC.

Certificate of Status	0
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