

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 NOV 17 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000012506

**1. Corporation Name**

AMERICAN HOME CENTER INC

REINSTATEMENT 04-05

**2. Principal Office Address**

117 W. ALEXANDER ST

**3. Mailing Office Address**

117 W. ALEXANDER ST

Suite, Apt. #, etc.

#1162

Suite, Apt. #, etc.

#1162

City & State

PLANT CITY FL

City & State

PLANT CITY FL

Zip

33566

Country

USA

Zip

33566

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

593490478

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

**7. Name and Address of Current Registered Agent**

Name

MARK A BALLANTYNE

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

117 W. ALEXANDER ST

Suite, Apt. #, Etc.

#1162

City

PLANT CITY

State

FL

Zip Code

33566

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Date 11/11/05

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MARK A BALLANTYNE	117 W. ALEXANDER ST #1162	PLANT CITY, FL 33566

**10. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK BALLANTYNE

11/11/05

Date

813 707 9302

Daytime Phone #

CR2E081 (9/01)

DATE: 11/11/05

TO: DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FROM: AMERICAN HOME CENTER INC.  
MARK A BALLANTYNE

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT FOR 2004  
AND 2005.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTLY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 813 707 9302.

THANKS,

---



AMERICAN HOME CENTER INC.  
MARK A BALLANTYNE