

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 24 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 998000074107

1. Corporation Name

Home Restoration

2. Principal Office Address

3126 57 AV. N.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL 71

Zip

33714

Country

PINELLAS

3. Mailing Office Address

3126 57 AV. N.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL 71

Zip

33714

Country

PINELLAS

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

1998

5. FEI Number

593542801

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HOWARD CLARK

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

3126 57 AV. N.

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33714

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

see below

Date

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
President	HOWARD CLARK	3126 57 AV. N. ST. PETERSBURG FL 71 33714	ST. PETERSBURG FL 71 33714
Vice President	JAMES CLARK	3126 57 AV. N.	ST. PETERSBURG FL 71 33714
Secretary	DIANE CLARK	3126 57 AV. N.	ST. PETERSBURG FL 71 33714

100031057631

03/24/04--01019--018 **1358.75

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-18-04
22 C, 727-521-1101

Daytime Phone #

CR2E081 (01/04)