PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000098416

1. Corporation Name

A ABLE HOME REPAIR, INC.

Principal Place of Business

Mailing Address

5504 N.W. 51ST AVENUE TAMARAC FL 33319 5504 N.W. 51ST AVENUE TAMARAC FL 33319 FILED

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SEURETARY OF STATE TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.									
New Principal Office Address, If Applicable 3. New N				ailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 11/23/1998			
Suite, Apt.	#, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			5. FEI Number 65-0877426 Applied For		
City & State	9		City & State					Not Applicable	
Zip Country			Zip		Country	6. CERTIFICAT	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Add	dresses of Each Officer a	nd/or Director (Flo	rida nonprof	it corporations must list at	least 3 directors)			
Title(s) Name of Officers and/or Directors				Street Add Officer and					
D	EHLINGER, RICHARD H			5504 N.W. 51ST AVENUE		TAMARAC FL 33319			
D	EHLINGER, MARY E			5504 N.W. 51ST AVENUE			TAMARAC FL 33319		
,			·						
					199	10/24	200008568392 /0201063011 **158.75		
4,40							1		
							16/10/2	6	
8. Name and Address of Current Registered Agent						9. Name and Address of Lew Registered Agent			
	IGER, MARY NW 51 AVE				Name Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
TAMARAC FL 33319					Suite, Apt. #, Etc.				
					City State Zip Code			Zip Code	
10. I, beir	ng appointed th	ne registered agent of the	above named corp	poration, am	familiar with and accept th	e obligations of Se	ction 607.0505, F.S. or 617.050	5, F.S.	
Signature Registere	of d Agent	mas	ETEN	ling	Q UIRED)	Date 10-2	1-02	

11. 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 filling 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

D

CR2E040 (8/02)

October 21, 2002 Pear Su, Ne did not receive the previous notices (annual report/uniform business report) Please waine the penility fees. I hank you. mary & Ehlinger A ABLE HOME REPAIR, INC. 5504 NW 51 Ave Tamara FL 33319