

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


04 OCT 20 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

04/13/04 01087 005 61.25

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005724.

1. Corporation Name
Central Florida Chapter of American Society of Home Inspectors, Inc.

2. Principal Office Address
280 Dirksen Dr.

Suite, Apt. #, etc. -

City & State
De Bary, Fl.

Zip 32713 Country USA.

3. Mailing Office Address
280 Dirksen Dr.

Suite, Apt. #, etc. -

City & State
De Bary, Fl.

Zip 32713 Country USA.

4. Date Incorporated or Qualified To Do Business in Florida
10/07/1988

5. FEI Number
59-3536419.

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Thomas R. Battoe

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

Suite, Apt. #, Etc. -

City De Bary, Fl.

State FL Zip Code 32713.

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 Thomas R. Battoe Date 10/15/2004.

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
DP	Thomas R. Battoe	280 Dirksen Dr.	De Bary, Fl 32713.
1 DP	Battoe, Thomas R	280 Dirksen Dr.	De Bary, Fl. 32713
2 D	Murphy, James A.	280 Dirksen Dr.	De Bary, Fl. 32713.
DP	Eder, Kelvin L.	8679 Alegre Cir	Orlando, FL 32836
3 D	Eder, Kelvin L.	8679 Alegre Cir	Orlando, Fl 32836
X	VOID		

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)(f), 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: Thomas R. Battoe Date 10/15/04 Daytime Phone # 3868042605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)