

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAR 20 PM 12:02

DOCUMENT # **PO6000143043**

1. Corporation Name

**METICULOUS HOME INSPECTIONS AND  
Services, Inc**

**300146475873**  
03/20/09--01021--009 \*\*450.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #  
14901 SW 71 Street

3. Mailing Office Address  
14901 SW 71 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33193-1056

Country  
US

Zip  
33193

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
20-5874054

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  
Frederick Gore

Street Address (P.O. Box Number is Not Acceptable)  
14901 SW 71 Street

Suite, Apt. #, Etc.

City  
Miami

State  
FL

Zip Code  
33193-1056

The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 **3-17-09**

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
P	Frederick Gore	14901 SW 71 Street	Miami, FL 33193-1056

**TS 3/23/09**

**STATEMENT 08-09**

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 contained in Chapter 119, 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: ✓

**FREDERICK GORE**  
PRES.

Date **3-17-09**

Daytime Phone # **305 788-6324**