2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
2006 NOV 16 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F53615

1. Entity Name
NATIONAL INSPECTION AND CONSULTANTS, INC.

Principal Place of Business
3949 EVANS AVENUE
SUITE 407
FORT MYERS, FL 33901 US

Mailing Address
3949 EVANS AVENUE
SUITE 407
FORT MYERS, FL 33901 US

11012006 REIN-P CR2E098 (11/05)

2. Principal Place of Business: 9911 Bavaria Rd.
Suite, Apt. #, etc.
City & State: Fort Myers FL
Zip: 33913-8510 Country

3. Mailing Address: 9911 Bavaria Rd.
Suite, Apt. #, etc.
City & State: Fort Myers FL
Zip: 33913-8510 Country

4. FEI Number: 59-2134161 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VIGNE, ROBERT A
3949 EVANS AVE #407
FT.MYERS, FL 33901

7. Name and Address of New Registered Agent
Name: Robert A. Vigne
Street Address (P.O. Box Number is Not Acceptable): 9911 Bavaria Rd.
City: Fort Myers FL Zip Code: 33913

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	VIGNE, ROBERT A	NAME	
STREET ADDRESS	3949 EVANS AVE SUITE 407	STREET ADDRESS	9911 Bavaria Rd.
CITY-ST-ZIP	FT MYERS, FL 33901	CITY-ST-ZIP	Fort Myers FL 33913-8510
TITLE	ST ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	SHIELDS, JOHN C	NAME	
STREET ADDRESS	3949 EVANS AVE SUITE 407	STREET ADDRESS	9911 Bavaria Rd.
CITY-ST-ZIP	FT MYERS, FL 33901	CITY-ST-ZIP	Fort Myers FL 33913-8510
TITLE	VP ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	VIGNE, DAVID J	NAME	
STREET ADDRESS	3949 EVANS AVE SUITE 407	STREET ADDRESS	9911 Bavaria Rd
CITY-ST-ZIP	FORT MYERS, FL 33901	CITY-ST-ZIP	Fort Myers FL 33913-8510
TITLE	VP ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	VIGNE, RICHARD U	NAME	
STREET ADDRESS	3949 EVANS AVE SUITE 407	STREET ADDRESS	9911 Bavaria Rd.
CITY-ST-ZIP	FORT MYERS, FL 33901	CITY-ST-ZIP	Fort Myers FL 33913-8510
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	B 11/17/06	NAME	100081503351
STREET ADDRESS		STREET ADDRESS	11/03/06--01041--009 **150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	REINSTATEMENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Robert A. Vigne 11/13/06 239-939-4313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #