


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L10382</u>			
1. Corporation Name <u>ABE professional HOME INSPECTION INC</u>			
2. Principal Office Address - No P.O. Box # <u>5405 N. state rd7</u>		3. Mailing Office Address	
Suite, Apt. #, etc <u>FT. Landers del.</u>		Suite, Apt. #, etc	
City & State <u>FL.</u>		City & State	
Zip <u>33319</u>	Country <u>Broward</u>	Zip	Country
7. Name and Address of Current Registered Agent			
Name <u>Abe Borujerdi</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>5405 N. state rd7</u>			
Suite, Apt. #, Etc <u>FT. Landers del.</u>			
City <u>FL.</u>		State <u>FL</u>	Zip Code <u>33319</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>1987</u>			
5. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
<input checked="" type="checkbox"/> 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 <u>Abe Borujerdi</u>		Date <u>2/11/10</u>	
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	<u>Abe Borujerdi</u>	<u>5405 N. state rd7</u>	<u>FT. Landers FL 33319</u>
V	<u>Zahra Bahrami</u>	<u>" "</u>	<u>" "</u>
T	<u>Minoo Fathali</u>	<u>5405 N. state rd7</u>	<u>FT. Landers FL 33319</u>
			<b>M. MILLIGAN EXAMINER</b>
			<b>MAR - 2 2010</b>
10. E-mail Address: _____ (To be used for future annual report notification)			
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 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. I further certify, 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: <u>Abe Borujerdi</u>		Date <u>2/11/10</u> 954- _____ Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

10 FEB 25 PM 4:50

ALLAHASSEE, FLORIDA

REINSTATEMENT

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