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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**2004 MAR -4 PM 2:24**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**

**1. DOCUMENT # L01000009384**

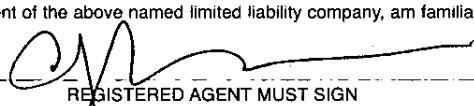
Name and Mailing Address

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**EAGLE EYE INSPECTION SERVICES, LLC**  
P.O. BOX 970461  
MIAMI FL 33197-0461



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/12/2001	
Principal Place of Business 2402 SAN REMO CIRCLE HOMESTEAD FL 33035	3. New Principal Place of Business Address	6. FEI Number 65-1108564	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent  STOREY, CLEVELAND J 2402 SAN REMO CIRCLE HOMESTEAD FL 33035		9. Name and Address of New Registered Agent Name Street Address (P.O. Box) 100029841681 03/04/04--01005--008 **200.00 City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent  Date 3-1-04 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<del>MGRM</del>	<del>SLUGZKA, DAVID J</del>	<del>12222 SW 148 STREET</del>	<del>MIAMI FL 33186</del>
MGRM	STOREY, CLEVELAND J	2402 SAN REMO CIRCLE	HOMESTEAD FL 33035
<b>REINSTATEMENT</b> 2003-04-03			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Date 3-1-04

Daytime Phone # (305) 620-2115

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)