

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

04 APR 13 AM 7:57

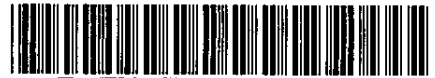
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000004131

Name and Mailing Address

0013545 01 AT 0.292 **AUTO T9 0 0615 33563-413610
HILLSBOROUGH HOME INSPECTION, LLC
3010 WEST REYNOLDS STREET
PLANT CITY FL 33563-4136

MJH



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2. New Mailing Address 3041 Faye Rd.		4. State/Country of Formation FL	
City, State, Zip Jacksonville, Florida 32226		5. Date Organized or Qualified To Do Business in Florida 02/15/2002	
Principal Place of Business 3010 WEST REYNOLDS STREET PLANT CITY FL 33567	3. New Principal Place of Business Address 3041 Faye Rd.		6. FEI Number 020557401
City, State, Zip Jacksonville, FL 32226		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent NORMAN, CHRISTOPHER H 315 S. HYDE PARK TAMPA FL 33606		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600025813166 12/29/03--01050--005 **150.00 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 <i>[Signature]</i> REGISTERED AGENT MUST SIGN Date <u>12/23/03</u>			
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
MGR	GRIFFIN, TIMOTHY-L	3010 WEST REYNOLDS STREET-2904	PLANT CITY FL 33563
mgr	Griffin, Thomas M	2904 West Reynolds Street	Plant City, FL 33563
			600025813166 04/20/04--01059--001 **50.00
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, no 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 <i>[Signature]</i> SIGNATURE REQUIRED Date <u>1/12/04</u> Daytime Phone # <u>813 754-2012</u> Typed or printed name of signing Managing Member/Manager <u>Thomas M. Griffin</u>			

REINSTATEMENT 2003-2004

CR2E034 (7/03)