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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
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

4/13

CR2E034 (7/03)

2. New Mailing Address: 3041 Faye Rd.
City, State, Zip: Jacksonville, Florida 32226

4. State/Country of Formation: FL

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.
City, State, Zip: Jacksonville, FL 32226

6. FEI Number: 020557401 ☐ 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	9. Name and Address of New Registered Agent
NORMAN, CHRISTOPHER H 315 S. HYDE PARK TAMPA FL 33606	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: SIGNATURE REQUIRED Date: 12/23/03

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
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	
		REINSTATEMENT 2003-2004	

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: SIGNATURE REQUIRED Date: 1/12/04 Daytime Phone # 8137542012

Typed or printed name of signing Managing Member/Manager: T. Thomas M. Griffin