

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 21 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000037812**

1. Limited Liability Company's Name

FLORIDA HOMESAFE INSPECTIONS, LLC

9/14/07

400137679304
12/02/08--01009--013 **138.75
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

P.O. Box 19174

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 19174

Suite, Apt. #, etc.

City & State

BIRMINGHAM, AL

Zip

35219

Country

City & State

BIRMINGHAM, AL

Zip

35219

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

7/15/05

6. FEI Number

14-1931262

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

Name

NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

2731 EXECUTIVE PARK DRIVE

Suite, Apt. #, Etc.

SUITE 4

City

WESTON

State

FL

Zip Code

33331

☒ A \$100 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 \$100
reinstatement be waived.

9. 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

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DONALD F. BINKLEY	313 SNOW DR.	BIRMINGHAM, AL 35209
MGR	ALLEN S. BINKLEY	313 SNOW DR.	BIRMINGHAM, AL 35209
MGR	MIKE BOYD	313 SNOW DR.	BIRMINGHAM, AL 35209

400137679304
11/05/08--01043--005 **138.75

REINSTATEMENT W/O Penalty 2008

up 11/24

11. 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

Donald F. Binkley

Date

10/30/08

Daytime Phone #

205-903-2702

Typed or printed name of signing Managing Member/Manager

DONALD F. BINKLEY