PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.	
COMPANY REINSTATEMENT  COMPANY  REINSTATEMENT  COMPANY  REINSTATEMENT  COMPANY  Secretary of State  DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS  09 MAR 30 PM 3: 41
DOCUMENT # L0600067701  1. Limited Liability Company's Name  General House Inspectors, LLC.	REINSTATEMENT J. 69 Jan
2. Principal Office Address - No P.O. Box #  24545 SW 124th Are 24545 SW 124th Are Suite, Apt. #, etc.  City & State  Homestead, Florida Homestead, Fl Zip Country  Zip Country  3. Mailing Office Address  City & State  Homestead, Fl Zip Country  Country  Country	FORICA  5. Date Organized or Qualified To Do Business in Florida  O7 / 06 / 2006  6. FEI Number  Applied For X Not Applicable
33032 US 33032 US	CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
Name  Name  Toan C. Rodriquez  Street Address (P.O. Box Number is Not Acceptable)  24545 Sw 124th aue.  Sulte, Apt. #, Etc.  City  Homestead  State  State  Zip Code  FL 3303	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 namerialim-ted liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent Date Page MUST SIGN	
10. 'Names and Street Addresses of Managing Members/Managers	
Tilles Name of Street Address of E Managing Members/Managers Managing Member/M	ach anager City / State / Zip
MGR Juan C. Rodrigues 24545 SW	124th an Homestead, FL 33032
	600144876846 03/03/0901032013 **377.50
	50 <u>0144876846</u> 03/31/0501003006 **138.75
11. I certify that I am managing member/manager or the recoiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when fitting 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 13/050 Baytime Phone # 30.5 24.4-55.2.3  Typed or printed name of signing Managing Member/Manager	
Typed or printed name of signing Managing Member/Manager	