

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # M50535 1. Entity Name IDEAL HOME INSPECTIONS, INC.		
Principal Place of Business 150 S.W. 12 AVENUE 201D POMPANO BCH, FL 33069		Mailing Address 150 S.W. 12 AVENUE 201D POMPANO BCH, FL 33069
2. Principal Place of Business 9628 SAN VITTORE ST. Suite, Apt. #, etc.		3. Mailing Address 9628 SAN VITTORE ST. Suite, Apt. #, etc.
City & State LAKEWORTH, FL Zip 33467 Country USA		City & State LAKEWORTH, FL Zip 33467 Country USA
4. FEI Number 59-2798488		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent SILVER, BURTON B 150 SW 12TH AVE STE 201D POMPANO BCH, FL 33069		7. Name and Address of New Registered Agent Name -- Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>STANLEY DAVID RIFFLE / Stanley David Riffle</u> DATE: <u>10/17/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP PCEO RIFFLE, DAVID STANLEY 9628 SAN VITTORE STREET LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 400060819684 10/20/05--01037--013 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP RIFFLE, HELEN 9628 SAN VITTORE STREET LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Stanley David Riffle</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>10/17/05</u> Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2005