PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 27 AM 8:05

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09/27/10--01061--010 **358.75

CR2E081 (6/10)

DOCUMENT # N04000005160

1. Corporation Name

Florida Association of Certified Mold Inspectors, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
34 Arlington Rd. S		34 Arlington Rd. S	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Jacksonville, FL		Jacksonville, FL	
Zip	Country	Zip	Country
32216	USA	32216	USA

4. Date Incorporated or Qualified To Do Business in Florida 05/24/2004

5. FEI Number 27-3351607 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Robert K. Irion, Sr.

Street Address (P.O. Box Number is Not Acceptable): 34 Arlington Rd. S

Suite, Apt. #, Etc:

City	State	Zip Code
Jacksonville	FL	32216

REINSTATEMENT 08-10

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 08/30/10

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Robert K. Irion, Sr.	34 Arlington Rd. S	Jacksonville, FL 32216
D	Peggy Cogan	34 Arlington Rd. S	Jacksonville, FL 32216
D	Lisa Cogan	417 Stowe Ave Suite A	Orange Park, FL 32073

10. **E-mail Address:** lisa@bizsupportinc.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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: _____ 8/30/2010 904720[illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT K. IRION, SR.