PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL 22 AM 9:32

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CR2E081 (6/10)

**DOCUMENT # N06000003451**

1. Corporation Name

NATIONAL ASSOCIATION OF HOME INSPECTORS, FLORIDA CHAPTER, INC.

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 6325 PRESIDENTIAL CT. | | 6325 PRESIDENTIAL CT. | |
| Suite, Apt. #, etc | | Suite, Apt. #, etc | |
| SUITE 4 | | SUITE 4 | |
| City & State | | City & State | |
| FORT MYERS | | FORT MYERS | |
| Zip | Country | Zip | Country |
| 33919 | LEE | 33919 | LEE |

4. Date Incorporated or Qualified To Do Business in Florida 10/24/2006

5. FEI Number 204619050 ☐ 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: JUREK, BILL

Street Address (P.O. Box Number is Not Acceptable): 6325 PRESIDENTIAL CT.

Suite, Apt. #, Etc.: SUITE4

| City | State | Zip Code |
|---|---|---|
| FORT MYERS | FL | 33919 |

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 07/20/2010

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 |
|---|---|---|---|
| P | JERRY BRINKMAN | 6325 PRESIDENTIAL CT. | FORT MYERS, FL 33919 |
| VP | CLAUDE McGAVIC | 3811-23rd AVE. WEST | BRADENTON, FL 34205 |
| T | BILL JUREK | 6325 PRESIDENTIAL CT. | FORT MYERS, FL 33919 |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 08-10
BM 7/23/10

10. **E-mail Address:** hometeam60@aol.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:** Bill Jurek 07/20/2010 239-470-6155

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