

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/3

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 AUG 17 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N40961**

1. Corporation Name

Florida Chapter of American Society of  
Home Inspectors, Inc.

2. Principal Office Address

1639 Emerson Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32207

Country

Duval

3. Mailing Office Address

1639 Emerson Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32207

Country

Duval

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

11/19/90

5. FEI Number

65-0231779

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

Glazier & Glazier, P.A.

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

8761 Perimeter Park Blvd.

Suite, Apt. #, Etc.

Suite 103

City

Jacksonville

State

FL

Zip Code

32216

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

*Glazier & Glazier, PA*  
*By Scott L. Glazier*  
Scott L. Glazier

Vice President

REGISTERED AGENT MUST SIGN

Date 8/11/00

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
	See Attached		
			LS

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

*Charles Grifford, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Grifford, Pres.

Date

8/14/2000

Daytime Phone #

904 359 3177

CF2E081 (9/99)

2063

9. Names and Street Addresses of Each Officer and/or Director			
Title	Name of Officers and/or Directors	Street Address of each Officer and/or Director	City/State/Zip
P/D	Charles Gifford	1639 Emerson Street	Jacksonville, FL 32207
VP/D	Robert Wagner	P.O. Box 1089	Orange Park, FL 32067
T/D	Tom Mullin	5 Water Oak	Fernandina Beach, FL 32034
S/D	Pete Powell	3414 Maiden Voyage Circle S.	Jacksonville, FL 32257
D	Steve Service	5052 Sweet Basil Lane	Tallahassee, FL 32311
D	Don Johnson	P.O. Box 1851	Ponte Vedra Beach, FL 32004
D	Larry Cerro	730 E. Brevard Street	Tallahassee, FL 32308

3063



ACCOUNT NO. : 072100000032

REFERENCE : 802524 7200721

AUTHORIZATION :

COST LIMIT : \$ 908.75

*Patricia Pizit*

ORDER DATE : August 17, 2000

ORDER TIME : 4:12 PM

ORDER NO. : 802524-005

CUSTOMER NO: 7200721

CUSTOMER: Scott L. Glazier, Esq  
Glazier & Glazier, P.a.  
8761 Perimeter Park Blvd.  
Ste. 103  
Jacksonville, FL 32216

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DOMESTIC FILINGS

NAME: FLORIDA CHAPTER OF AMERICAN  
SOCIETY OF HOME INSPECTORS,  
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
00 AUG 17 PM 4:52  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA