Signature of Registered Agent  REGISTERED AGENT MUST SIGN  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 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 phy signature shall have the same legal effect as if made under oath.  The man L. D.	DI EASE DEAF	ALL INSTRUCTIONS	PECODE COI	MOLETING TUIC	EODM	
DOCUMENT # P00000049290  1. Corporation Name    Comparison Name	7	FLORIDA DEPARTMEN  Katherine Ha  Secretary of S	NT OF STATE arris State			
#### 150-00    Price   Place of Business   Mailing Address   Ask Sub-Sub-Street   - 150HH-RUSE POINT FL 5000+7002   - 150HH-RUSE POINT FL 50HH-RUSE POIN						
Babove addresses are incorrect in any way, line through incorrect information and enter correction below.   If above addresses are incorrect in any way, line through incorrect information and enter correction below.   If above addresses are incorrect in any way, line through incorrect information and enter correction below.   If above addresses are incorrect in any way, line through incorrect information and enter correction below.   If above addresses are incorrect in any way, line through incorrect information and enter correction below.   If above addresses are incorrect in any way, line through incorrect information and enter correction below.   If above addresses are incorrect in any way, line through incorrect information and enter correction below.   If above addresses are incorrect in any way, line through incorrect information and enter correction below.   If above addresses are incorrect in any way, line through incorrect in any line and addresses are incorrect in any line and addresses. If application in the line incorporated or Qualified to Do Business in Florida	ELITE HOME INSPECTIONS,	NC.				
2. New Mailing Office Address, If Applicable OS/15/2000  Suite, Ap. 4, etc.  Suite, Ap	-2650 NE 52ND STREET - 2650 NE 52ND STREET					
DEFIG PICE Outry  29 3441  Country  Street Addresses of Each Officer and/or Director (Piortea nonprofit corporations must list at least 3 directors)  Title(s)  2 Name and Addresse of Each Officer and/or Director (Piortea nonprofit corporations must list at least 3 directors)  Title(s)  2 Name of Officers 3 Street Addresses of Each Officer and/or Director (Piortea nonprofit corporations must list at least 3 directors)  Title(s)  2 Name and Addresses of Each Officer and/or Director (Piortea nonprofit corporations must list at least 3 directors)  Title(s)  2 Name and Addresses of Each Officer and/or Director (Piortea nonprofit corporations must list at least 3 directors)  Title(s)  2 Name and Addresses of Each Officer and/or Director (Piortea nonprofit corporations must list at least 3 directors)  Title(s)  2 Name and Addresses of Each Officer and/or Director (Piortea nonprofit corporations must list at least 3 directors)  1 Name and Addresses of Each Officer and/or Director (Piortea nonprofit corporations must list at least 3 directors)  1 Name and Addresses of Each Officer and/or Director (Piortea nonprofit corporations must list at least 3 directors)  1 Name and Addresses of Each Officer and/or Director (Piortea nonprofit corporations must list at least 3 directors)  1 Name and Addresses of Each Officer and/or Director (Piortea nonprofit corporations and at least at least 3 directors)  1 Name and Addresses of Each Officer and/or Director (Piortea nonprofit corporation names in the Name of Each (Piortea nonprofit corporation names in the Name of Each (Piortea nonprofit corporation names in the Name of Each (Piortea nonprofit corporation names in the Name of Each (Piortea nonprofit corporation names in the Name of Each (Piortea nonprofit corporation names in the Name of Each (Piortea nonprofit corporation names in the Name of Each (Piortea nonprofit corporation names in the Name of Each (Piortea nonprofit corporation names (Piortea names)  1 Name of Labourth  1 Nonprofit Corporation names in Each (Piortea names)	2. New Principal Office Address, If Applicable  100555E-1400RIVE  Suite, Apt. #, etc.	3. New Mailing Office Address, If  1005 5E 1410  Suite, Apt. #, etc.	Applicable 4.	To Do Business in Florida FEI Number	05/15/2000 Applied Fo	
Name and Address of Current Registered Agent  8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  ******150.00 *****150.00 *****150.00  ******150.00 *****150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  *****150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  *********************************	DEER FIELD BCW, FL	DEENCIELD BCA Zip 33:441 Countr	y 6.	CERTIFICATE OF STATUS DESIR	\$8.75 Additional Fee req	uired -
8. Name and Address of Current Registered Agent  ******150.00 *****150.00  *****150.00  *******150.00  *******150.00  *******150.00  ********150.00  *********************************	Title(s) Name of Officers Str		eet Address of Each	th Coulomb		
8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  Howas L. Suyal  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. 9, Etc.  City  BERTIED & BERTIN  FL. 33 444  Date  P. L. Ordity  Begistered Agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  I. 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 cames 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 application indicated on this application is true and application.  There is a comparation of the process of the process of the Registered Agent State (P.D. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address of New Registered Agent  Howard Address of New Registered Agent  Address of New Registered Agent  Howard Address of New Registered Agent  Address of Ne	PTSD DUVAL, THOMAS L 1005 SE 14TH (		R.	DEERFIELD BEACH FL 33441		
WILLIAMS, STEPHEN 0  2650 NE 52ND STREET  LIGHTHOUSE POINT FL 33064-7052  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  BERCH  City  BERCH  City  REGISTERED AGENT MUST SIGN  1. 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 any sunature shall have the same legal effect as if made under oath.  Thama if LDDUML				2000047 -12/11/ ****15	7191323 0101074014 <del>0.00 *****150.00</del>	
Name  2650 NE 52ND STREET  LIGHTHOUSE POINT FL 33064-7052  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  ERCEPTIBLE BEACH  REGISTERED AGENT MUST SIGN  1. I certify that I am an officer or director or the receiver or trustee empowered to execute this 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.  Thomas FLDDurne  State  Zip Code  33 Uful  ABUSTANCE  State  Zip Code  33 Uful  Thomas FLDDurne  State  Zip Code  33 Uful  Thomas FLDDurne  State  Zip Code  10 . 2 3 . U/  State  Zip Code  33 Uful  Thomas FLDDurne  State  Zip Code  13 . U/  State  Zip Code  13 . U/  Thomas FLDDurne  State  Zip Code  14 . Durne  State  Zip Code  15 . State  Zip Code  15 . State  Zip Code  16 . J . J . U/  State  Zip Code  17 . State  Zip Code  18 . J . J . U/  State  Zip Code  18 . J . J . U/  State  Zip Code  18 . J . J . U/  State  Zip Code  19 . J . J . U/  State  Zip Code  19 . J . J . U/  State  Zip Code  10 . J . J . U/  State  Zip C					Prof 100	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  Date    Date   Dat	8. Name and Address of Current	Registered Agent	· · · · · · · · · · · · · · · · · · ·	Name and Address of New Ro	egistered Agent	
gnature of egistered Agent  I. 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 filling 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.  The man of LDDurne.	2650 NE 52ND STREET		Street Address (P.O. B	iox Number is Not Acceptable)	State   Zip Code	CR2E040 (8/01)
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SIGNATURE: SPECIAL PROPERTY OF THE SECOND PRO	I. I certify that I am an officer or director or the recethis reinstatement application, the reason for dissowed by the corporation have been paid and the.	EGISTERED AGENT MUST SIGN iver or trustee empowered to execute to olution has been eliminated, the corpor pames of individuals listed on this form	this application as provide rate name satisfies the re n do not qualify for an ex ict as if made under oath.	and for in chapter 607 or 617, F. quirements of section 607.040 emption under section 119.07(	S. I further certify that when filing 1 or 617.0401, F.S., that all fees 3)(i), F.S. The information indical	ted

## Elite Home Inspections, Inc. 1005 SE 14th Drive Deerfield Beach, Florida 33441

October 23, 2001

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

Re: Elite Home Inspections, Inc. Doc.# P00000049290 FEI# 65-1005721

Dear Sir or Madam:

Please be informed that I did not receive the UBR for the above-named corporation. Because of this, I ask that you please reinstate the corporation. Also please accept my check for \$150.00.

Thank you for your consideration,

Thomas L. Duval, President