

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000103478

1. Corporation Name

HOUSE HUGGERS HOME INSPECTIONS, INC.

Principal Place of Business

Mailing Address

6742 HUGH RD  
TALLAHASSEE FL 32308

P.O. BOX 15502  
TALLAHASSEE FL 32317

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/03/2000

5. FEI Number

59-3684569

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PATERNA, J CHRISTOPHER	P.O. BOX 15502	TALLAHASSEE FL 32317

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOWALCHYK, DEAN C  
4515 ARGYLE LN  
TALLAHASSEE FL 32308

Name

Eduard La Casa

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

701 Brickell Ave.

Suite, Apt. #, Etc.

# 1900

City

Miami

State

FL

Zip Code

33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Eduard La Casa*

REGISTERED AGENT MUST SIGN

Date

11/8/03

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 my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Chris Paterna*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris Paterna 11/1/03 850-508-4123

Date

Daytime Phone #



700026120117

01/06/04--01019--025 \*\*750.00

FILED  
04 JAN -6 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

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CP2E040 (7/03)