	PLEASE READ		, RUCTIONS	BEFORE C	OMPLET	ING THIS FORM	 I.
			A DEPARTMENT OF STATE Glenda E. Hood Secretary of State		FILED .		
DOCUMENT # P01000010933						NOV -7 AM 10: 30	
					SECRETARY OF STATE FALLAHASSEE, FLORIDA		
ANV HOME INSPECTION SERVICE, INC.							ŧ.
,	ace of Business	Mailing Address					/#// ##//# 1910# 1818# 1811 8841
321 NW 10 Miami FL 3	9th ave. Suite 7 1372	321 NW 109TH AVE. SUITE 7 MIAMI FL 33172					
If above addresses are incorrect in any way, line through incorrect information and enter correction below. REINSTATEMENT 03							
2. New Pri	ncipal Office Address, If Applicable	3. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 01/30/2001		
Suite, Apt.		Suite, Apt. #, etc.			5. FEI Number Applied For		
Zip Country		_City & State		-	 6.	\$8	Not Applicable
Zip Country CERTIFICATE OF STATUS DESIRED for a Certificate of Statu 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) for a Certificate of Statu							for a Certificate of Status
Name of Officers Street Address of Each City / State / Zip 1 2 and/or Directors 3 Officer and/or Director 4							State / Zip
PTD FERGUSON, ARLINGTON			321 NW 109TH AVE, SUITE 7			MIAMI FL 33172	
VSD	PATINO, VANESSA	321 NW 109TH AVE, SUITE 7			MIAMI FL 33172		
	\			•			
				_			
					0. Normanda	Address of New Devision	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Na							
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable)							VSD T7
CORAL GABLES FL 33134							
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.							
IV. I, being	appointed the registered agent of the abo	ve named corpo			bligations of Secti	on 607.0505, F.S. or 617.05	uo, r.o.
Signature of Registered Agent Uando Date 11/03/03							
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 Almoa Malino 10/31/03 2052206445							
SIGINAI						Date -	



ANV Home Inspection Service, Inc.

Wednesday, August 13, 2003

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Subject: Division of Corporations Reference Number: P01000010933

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To Whom It May Concern:

We at ANV Home Inspection Service, Inc. have complied with the division of corporations by completing and returning our 2003 Uniform Business Report. We have only received additional reports to complete. We have called and were told to complete the UBR. Enclosed is our previous correspondence. We are asking the \$400.00 reinstatement fee be waived.

If you have any question, please contact us at: 305 2206445

Sincerely Arlington:Ferguson, President





ANV Home Inspection Service, Inc.

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Wednesday, August 13, 2003

Subject: Division of Corporations Reference Number: P01000010933

To Whom It May Concern:

The officers of: ANV Home Inspection Service, Inc. did not received the uniform business report (UBR) until July of 2003, we have previously submitted \$150.00 dollars fee along with a complete Uniform Business Report and a letter explaining that we didn't received a previous notification.

We are asking that the \$400.00 dollars fee to be waived.

Sincerely

Vanessa Patino, VSD