

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 14 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400032285964

04/09/04--01068--001 **300.00

DOCUMENT #

P01000036465

1. Corporation Name

CARE PROFESSIONAL HOME INSPECTIONS
INC.

2. Principal Office Address

2013 LIVE OAK BLVD

Suite, Apt. #, etc.

STE. F

City & State

ST. CLOUD FL

Zip

34771

Country

USA

3. Mailing Office Address

6854 W. FLAGLER ST.

Suite, Apt. #, etc.

City & State

MIAMI FL.

Zip

33144

Country

USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/01

5. FEI Number

651098526

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

EDUARDO FERNANDEZ

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

3211 COUNTRYSIDE VIEW DR.

Suite, Apt. #, Etc.

City

ST. CLOUD

State

FL

Zip Code

34772

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/7/04

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	EDUARDO FERNANDEZ	3211 COUNTRYSIDE VIEW DR	ST. CLOUD FL. 34772

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:

[Signature]

EDUARDO FERNANDEZ

4/7/04 (407) 8912273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20081 (01/04)

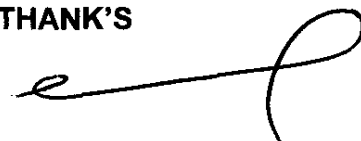
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CARE PROFESSIONAL HOME INSPECTIONS INC.

2013 LIVE OAK BLVD. STE. F
ST. CLOUD FL. 34771
(407) 891-2273

MY NAME IS EDUARDO FERNANDEZ AND I AM WRITING TO EXPLAIN THAT LAST YEAR I MOVED FROM MIAMI FL. TO ST. CLOUD FLORIDA, AND MY RENEWAL NOTICE DID NOT ARRIVE. MY OLD ADDRESS WAS 4005 SW 125 AVE. MIAMI FL. 33175 AND MY NEW ADDRESS IS 3211 COUNTRYSIDE VIEW DR. ST. CLOUD FL. 34772. I CALLED YOUR OFFICE ON 04/07/04 AND A VERY NICE LADY EXPLAINED THAT THE RENEWAL NOTICE HAD BEEN RETURNED TO YOUR OFFICE. SHE THEN EXPLAINED THAT I NEEDED TO WRITE AN EXPLENATION LETTER AND FILL OUT A REINSTATEMENT FORM PLUS A CHECK FOR 300.00 DOLLARS. I HAVE INCLUDED THE ADDRESS OF THE COMPANY DOING MY BOOK KEEPING NOW, SO THAT THEY CAN RECEIVE THE RENEWALS. I THANK THE STATE FOR HAVING SUCH NICE PEOPLE TO HELP ME IN TAKING CARE OF THIS PROBLEM.
PLEASE IF YOU SHOULD HAVE ANY QUESTIONS PLEASE CALL ME AT THE ABOVE PHONE NUMBERS.

THANK'S



EDUARDO FERNANDEZ