

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 5:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000068082

1. Corporation Name

NATIONAL RESIDENTIAL INSPECTION SERVICES, INC.

Principal Place of Business

1359 LONGHILL DR.
APOPKA FL 32712

Mailing Address

1359 LONGHILL DR.
APOPKA FL 32712

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/2001

5. FEI Number

593730301

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	LUNA, TODD M	1359 LONGHILL DR.	APOPKA FL 32712

200008725622

10/31/02--01051--003 **150.00

8. Name and Address of Current Registered Agent

LUNA, TODD M
1359 LONGHILL DR.
APOPKA FL 32712

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date 10-25-02

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:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-25-02

Daytime Phone #

CR20040 (802)

National Residential Inspection Services
PO Box 160936 Altamonte Springs, FL 32716
407-880-6747 Office
407-464-0436 Fax

To Whom It May Concern:

This is my first year of incorporation and everything I receive from the IRS or State I give to my CPA. I did not receive the uniform business report, either of them. Please accept this in good faith and let me know what I must do to continue my business in good standing.

Enclosed is my fee to file the report without penalty (\$150.00)

Thank you for your help in this matter.

Sincerely



Todd Luna
President