

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 5:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000084450

1. Corporation Name

HOME INSPECTORS AND BUILDING CONSULTANTS INC.

Principal Place of Business

Mailing Address

9652 105 AVE. NORTH  
LARGO FL 33773

9652 105 AVE. NORTH  
LARGO FL 33773



000008569140  
10/24/02--01045--007 \*\*158.75

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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/27/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

43-1953261

Not Applicable

Zip

Country

Zip

Country

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	MONTCHAL, KIM A	9652 105 AVE. NORTH	LARGO FL 33773
D	MONTCHAL, RAYMOND J	9652 105 AVE. NORTH	LARGO FL 33773
D	JENNERE, KEITH	8306 DENISE DR.	SEMINOLE FL 33723

8. Name and Address of Current Registered Agent

MONTCHAL, RAYMOND J JR.  
9652 105 AVE. NORTH  
LARGO FL 33773

9. Name and Address of New Registered Agent

Name Kim Montchal  
Street Address (P.O. Box Number is Not Acceptable)  
9652 105th Ave N  
Suite, Apt. #, Etc.  
City Largo State FL Zip Code 33773

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

Kim Montchal  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/22/02

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)(l), 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:

Kim Montchal  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02 (727)  
687-1054

CR2E040 (8/02)

October 22, 2002

To Whom It May Concern,

Please be advised that we did not receive the Uniform Business Report and therefore did not send one in on time. When I spoke with the division of corporations today, it was explained that I just needed to fill out the application for reinstatement along with the \$150.00 fee.

Thank you and please advise if I need to do anything further.

Sincerely,

A handwritten signature in cursive script that reads "Kim Montchal". The signature is fluid and includes a large, sweeping loop at the end.

Kim Montchal

Home Inspectors and Building Consultants Inc.