

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000120927

1. Corporation Name

BUYER'S CHOICE INSPECTION SERVICES, INC.

Principal Place of Business

Mailing Address

327 OAK SPRING DR  
TARPON SPRINGS FL 34689

327 OAK SPRING DR  
TARPON SPRINGS FL 34689



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

01/01/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SINGLETARY, STEVEN R	327 OAK SPRING DR	TARPON SPRINGS FL 34689

700024329727  
10/31/03--01028--005 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SINGLETARY, STEVEN R  
327 OAK SPRING DR  
TARPON SPRINGS FL 34689

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

*Steven R Singletary*  
REGISTERED AGENT MUST SIGN

Date

10/24/03

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:

*Steven R Singletary* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/03 (77) 809-1043  
Date Daytime Phone #

CR2E040 (7/03)

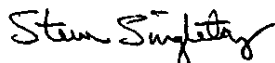
Buyer's Choice Inspection Services Inc.  
327 Oak Spring Dr.  
Tarpon Springs, FL 34689

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

I am writing this letter regarding the reinstatement of Buyer's Choice inspection Services. I am the president and registered agent for the company and I am not aware of receiving the two uniform business report notices. Please accept the fee to file the report and waive the reinstatement fee.

Thank you,

  
Steve Singletary