

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 NOV 21 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000122194

1. Corporation Name

APC FLORIDA HOME INSPECTION, INC.

Principal Place of Business

1014 CYPRESS POND COURT
PONTE VEDRA FL 32082

Mailing Address

1014 CYPRESS POND COURT
PONTE VEDRA FL 32082

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

2. New Principal Office Address, If Applicable

104 CYPRESS POND CT
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

104 CYPRESS POND CT
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/2001

5. FEI Number

95-2318940

- 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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| D | THOMEE, BRIAN | 1014 CYPRESS POND COURT | PONTE VEDRA FL 32082 |
| D | THOMEE, HOLLY | 1014 CYPRESS POND COURT | PONTE VEDRA FL 32082 |
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| | | | |
| | | | |

100009155451
11/21/02--01103--014 **150.00

8. Name and Address of Current Registered Agent

MARESMA, BRANDON
12012 WREN HOLLOW COURT
JACKSONVILLE FL 32246

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

CR2E040 (8/02)

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-18-02

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]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-02

Date

904-477-0207

Daytime Phone #

November 18, 2002

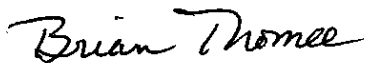
Jim Smith
Secretary of State
Division of Corporations
P.O. 6327
Tallahassee, FL 32314

Dear Sir,

I have enclosed a check in the amount of \$150 for the UBR filing fee. I did not receive the previous two notices sent by your department. The address you have on file is incorrect. I have corrected it on the enclosed form as requested.

Please call me at 904-477-0207 if there is any additional information or forms required.

Sincerely

A handwritten signature in cursive script that reads "Brian Thomee".

Brian Thomee
APC Florida Home Inspection