

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000003050

**FILED**  
**Oct 21, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA WINDSTORM INSPECTIONS INC.

**Current Principal Place of Business:**

1349 S.E. 8TH STREET  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

155 N.E. 2ND AVENUE  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

1349 S.E. 8TH STREET  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

155 N.E. 2ND AVENUE  
DEERFIELD BEACH, FL 33441

**FEI Number:** 01-0636454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COFFEY, BRUCE  
1349 S. E. 8TH STREET  
DEERFIELD BEACH, FL 33441 US

**Name and Address of New Registered Agent:**

COFFEY, BRUCE  
155 N.E. 2ND AVENUE  
DEERFIELD BEACH, FL 33441 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRUCE COFFEY

10/21/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVTs  
Name: COFFEY, BRUCE  
Address: 1349 SE 8TH ST.  
City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE COFFEY

PRES

10/21/2010

Electronic Signature of Signing Officer or Director

Date