

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 11 AM 8:00

DOCUMENT # **P02000010919**

1. Corporation Name

BELL HOME INSPECTION SERVICE INC.

Principal Place of Business

4495-304 ROOSEVELT BLVD #301
JACKSONVILLE FL 32210

Mailing Address

4495-304 ROOSEVELT BLVD #301
JACKSONVILLE FL 32210

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

01/30/2002

5. FEI Number

02-0542344

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

MRS

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	BELL, JOE	2681 MARGOT CT	GREEN COVE SPRINGS FL 32043

100025416381
12/11/03--01018--015 **158.75

8. Name and Address of Current Registered Agent

KUZEL, CINDY A
1734 KINGSLEY AVENUE
ORANGE PARK FL 32073

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

Cindy A Kuzel
REGISTERED AGENT MUST SIGN

Date

12/6/03

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:

Joseph M. Bell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-21-03 (904-553-2355)

CR2E040 (7/03)



4495-304 Roosevelt Blvd. #301
Jacksonville, Fl. 32210

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

October 21, 2003

Dear Sirs,

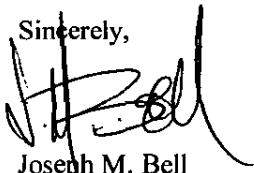
This letter is in regards to the notification I have recently received from you regarding the administrative revocation of my corporation. It's my understanding from reading this packet, that there are typically two notices that are sent prior to the revocation process being initiated.

I did not receive these two prior uniform business report (UBR) notices, and respectfully request being waived the re-instatement fee.

I have included a check for \$158.75. This includes the \$150.00 for the filing fee, and \$8.75 for certificate of status.

If you have any questions, or require additional information please feel free to contact me at 904-553-2355 or my registered agent , Cindy Kuzel at 904-269-1866.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Bell".

Joseph M. Bell
President/Director