

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 NOV 10 AM 8:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P02000017680

1. Corporation Name

NR INSPECTION SERVICES, INC.

Principal Place of Business

Mailing Address

~~4888 WINDSTARR DR.
 DESTIN FL 32541~~

~~4888 WINDSTARR DR.
 DESTIN FL 32541~~

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2507 Vineyard Ln.

2507 Vineyard Ln.

Destin FL

Destin FL

Zip 32550

Country

Zip 32550

Country



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

02/12/2002

5. FEI Number

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	BABCOCK, ROBERT M	4888 WINDSTARR DR.	DESTIN FL 32541
D	WISE-COBLE, AMY	514 CALLE ESCADA	SANTA ROSA BEACH FL 32549
D	Babcock, Robert M	2507 Vineyard Ln.	Destin, FL 32550

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARTH, JAMES C
 30 SOUTH SHORE DR.
 DESTIN FL 32550

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

[Signature]
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

10/31/03

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:

[Signature]
 SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/03

Daytime Phone #

CR2E040 (7/03)

October 30, 2003

To Whom It May Concern:

I am writing to let you know that we did not receive any of the prior UBR notices, and are asking that the reinstatement fees be waived.

Thank you for your help.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. M. Babcock', written in a cursive style.

Robert M. Babcock
NR Inspection Services, Inc.