

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 FEB 16 PH 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02 0000 22715

1. Corporation Name

South West Florida Home Inspectors, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

4981 Reagen Way

Suite, Apt. #, etc.

3. Mailing Office Address

4981 Reagen Way

Suite, Apt. #, etc.

300028782853
02/16/04--01019--002 **300.00

City & State

Sarasota - FL

City & State

Sarasota FL

Zip

34232

Country

Sarasota

Zip

34232

Country

Sarasota

**4. Date Incorporated or Qualified
To Do Business in Florida**

2-21-02

5. FEI Number

04-361 4029

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSEPH DiRocco

Street Address (P.O. Box Number is Not Acceptable)

4981 REAGEN Way

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34232

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

JOSEPH DiRocco

REGISTERED AGENT MUST SIGN

Date

2-5-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	JOSEPH DiRocco	4981 REAGEN way	SARASOTA FL 34232
D.S.	JAMES DiRocco	5125 McCullum	SARASOTA FL 34231

10. 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 DiRocco 2-5-04

Date

Daytime Phone #

941-377-4492

CR2E081 (01/04)

February 6, 2004

Florida Department of State
PO Box 6327
Tallahassee, FL 32314

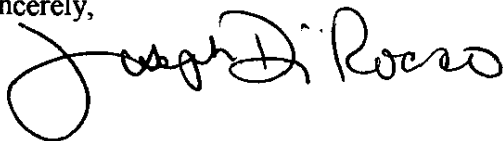
To Whom It May Concern:

It was brought to my attention that my corporation, Southwest Florida Home Inspectors, Inc, has been dissolved due to non-payment of the \$150.00 re-instatement fee. I moved last year and had difficulties with my mail not being forward to my new address. The new, current, mailing address for Southwest Florida Home Inspectors, Inc is as follows.

Southwest Florida Home Inspectors, Inc
4981 Reagen Way
Sarasota, FL 34232

I apologize for the confusion. Please feel free to contact me if you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "Joseph DiRocco". The signature is fluid and cursive, with the first name "Joseph" and last name "DiRocco" clearly distinguishable.

Joseph DiRocco
Southwest Florida Home Inspectors, Inc
4981 Reagen Way
Sarasota, FL 34232
941-780-4820