

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000027411

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** INSPECTION SPECIALISTS, INC.

**Current Principal Place of Business:**

16115 FLAGG POND LANE  
NORTH FORT MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

16115 FLAGG POND LANE  
NORTH FORT MYERS, FL 33917

**New Mailing Address:**

**FEI Number:** 03-0406369

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VIGNE, CHARLES R  
16115 FLAGG POND LANE  
NORTH FORT MYERS, FL 33917 US

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

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:** CHARLES R VIGNE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** VIGNE, CHARLES R  
**Address:** 16115 FLAGG POND LANE  
**City-St-Zip:** NORTH FORT MYERS, FL 33917

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:** CHARLES R VIGNE

PD

02/17/2011

Electronic Signature of Signing Officer or Director

Date