

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 APR 30 PM 5:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000066178**

**1. Corporation Name**

LEYTON HOME INSPECTION, CORP.  
3385 NW 47TH AVENUE  
COCONUT CREEK, FL 33063

**2. Principal Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 03-04  
4/29/03 91312034 150.00

**4. Date Incorporated or Qualified**

To Do Business in Florida 06/14/2002

**5. FEI Number**

27-0017372

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  
LEYTON, JIMMY

Street Address (P.O. Box Number is Not Acceptable)  
3385 NW 47TH AVENUE

Suite, Apt. #, Etc.

City  
COCONUT CREEK

State  
FL

Zip Code  
33063

~~400034819144~~  
04/30/04--01020--019 \*\*150.00

**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

REGISTERED AGENT MUST SIGN

Date 04/20/04

**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
PD	JIMMY LEYTON	3385 NW 47TH AVENUE	COCONUT CREEK, FL 33063

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIMMY LEYTON - PD 04/20/04

Date

975-290-3247

Daytime Phone #

CR2001 (01/04)

B 2072

LEYTON HOME INSPECTION, CORP.  
4485 NW 47<sup>TH</sup> AVENUE  
COCONUT CREEK, FL 3306  
PHONE (954) 290-3247

Monday, April 26, 2004

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

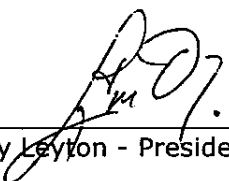
Dear Sir:

On March 10, 2003 I file the 2003 annual report for my crporation "Leyton Home Inspection Corp.", then on april 23, 2003 I received a letter from your office requesting officers name and addresses. After I fill out the form I returned the form back to your office. Today I went online to filed my 2004 annual report and I find out that my corporation is dissolved, I call your office and an officer have told me that my corporation was dissolved because they never received the document back from me, which its not correct, because I did sent it back (please see attached photocopy).

Please correct your records and accept and file my 2004 report.

If you have questions regarding this letter do not hesitate to contact me.

Sincerely,

  
Jimmy Leyton - President