

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JAN 11 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000111504

1. Corporation Name

BUILDING INSPECTION PROFESSIONALS ENTERPRISE, INC.

700115204117
01/15/08--01040--013 **450.00

CR2E081 (12/07)

| | | | |
|--|---------|--|---------|
| 2. Principal Office Address - No P.O. Box # 347 Broadway Avenue Suite, Apt. #, etc. | | 3. Mailing Office Address P.O. Box 1766 Suite, Apt. #, etc. | |
| City & State Orlando, Florida | | City & State Orlando, Florida | |
| Zip 32803 | Country | Zip 32802 | Country |

**4. Date Incorporated or Qualified
To Do Business in Florida** 10/15/2002

5. FEI Number 13-4216921 ☐ 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 SPIEGEL & UTRERA, P.A. | | |
| Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22nd Street | | |
| Suite, Apt. #, Etc. 4th Floor | | |
| City Miami | State FL | Zip Code 33145 |

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 BY: *Natalia Utrera*
Natalia Utrera, Vice President REGISTERED AGENT MUST SIGN

Date 1-9-08

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 |
|--------|-----------------------------------|--|------------------------|
| PSTD | Green, Carl H. | 347 Broadway Avenue | Orlando, Florida 32803 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT

06-08

[Signature]

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 contained in Chapter 119, 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:

Carl H. Green

1-4-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #