

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

PO3000001078

1. Corporation Name

PERFECT HOME INSPECTIONS, INC

2. Principal Office Address

4360 NW 12th TERRACE

3. Mailing Office Address

4360 NW 12 th TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH / FL

City & State

DEERFIELD BEACH / FL

Zip

33064

Country

USA

Zip

33064

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

01-0759918

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

EDSON LAMARDO

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

4360 NW 12 th TERRACE

Suite, Apt. #, Etc.

0

City

DEERFIELD BEACH

State

FL

Zip Code

33064

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

[Signature]

Date

11/14/05

REGISTERED AGENT MUST SIGN

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 |
|-----------|--------------------------------------|---|------------------------|
| President | Edson Lamardo | 4360 NW 12 TERRACE | DEERFIELD Bch-FL-33064 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

Date

Daytime Phone #

11/14/05 954-788-6424

PAGE 2 of 2

Florida, 11/14/2005.

Department of State
Division of corporations
Corporate Filings

Re.: Perfect Home Inspections, Inc
Corporate Filing 2004 and 2005

To Whom It May Concern:

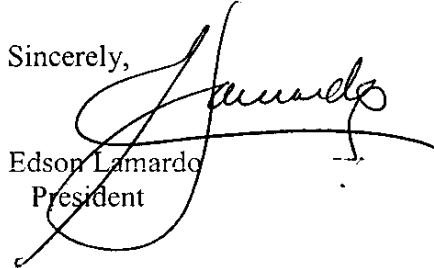
It has just come to our attention that our company is in a inactive status with your division.

We would like to apologize for our oversight but we believe that for change of address or some another reason, we did not get to receive the notices aforementioned. We would like to reinstate our status with your division and sincerely apologize. We would like to request waive of the fines usually charged to companies that see themselves in this situations.

Please accept our check for \$300.00 as we will make sure that from now on, even if we do not receive the notice, we will not miss another renewal year.

Thank you very much for your understanding.

Sincerely,



Edson Lamardo
President

Our new mail-address is:
Perfect Home Inspections, Inc
4360 NW 12th Terrace -
Deerfield Beach, FL - 33064