

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000010155 1. Entity Name PRECISE HOME INSPECTION SERVICES, INC.		 <div style="position: absolute; top: 0; right: 0; text-align: right;"> FILED 05 APR 26 PM 12:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 84-05 </div>	
Principal Place of Business 106 WESTWARD DRIVE STE-B MIAMI SPRINGS, FL 33166		Mailing Address 106 WESTWARD DRIVE STE-B MIAMI SPRINGS, FL 33166	
2. Principal Place of Business 800 N.W. 13 Avenue		3. Mailing Address P.O. Box 660595	
Suite, Apt. #, etc. S-215		Suite, Apt. #, etc. 	
City & State Miami, FLA.		City & State Miami Springs, FLA.	
Zip 33125		Zip 33266	
Country USA		Country USA	
4. FEI Number 57-1175100		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORDOVES, MANUEL 106 WESTWARD DRIVE STE-B MIAMI SPRINGS, FL 33166		7. Name and Address of New Registered Agent Name Manuel Cordoves Street Address (P.O. Box Number is Not Acceptable) 800 N.W. 13 Avenue #215 City Miami FL Zip Code 33125	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE 4/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORDOVES, MANUEL 106 WESTWARD DRIVE STE-B MIAMI SPRINGS, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Cordoves, Manuel 800 N.W. 13 Avenue S-215 Miami, FLA. 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900054285799 05/11/05--01049--008 **300.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		Manuel Cordoves 4/20/05 305-805-1990 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	