

P03 000056659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
08 MAY 18 AM 10:31

4 NC ARG 5/18



RECEIVED

2008 MAY 21 AM 8:00

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
Division of Corporations

May 13, 2008

WADE HEITZMAN
PRELUDE HOME INSPECTION, INC.
507 SW HAMLET CIR
LAKE CITY, FL 32024

SUBJECT: PRELUDE HOME INSPECTION, INC.
Ref. Number: P03000056659

P.O. Box 2892
Lake City, FL

32056

We have received your document for PRELUDE HOME INSPECTION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2006 annual report. The entity must be reinstated before this document can be filed.

The total amount due to reinstate is \$1050.00.

The document must have original signatures.

The date of adoption of each amendment must be included in the document.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is G46055 - PRELUDE CONSTRUCTION COMPANY, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 608A00030532

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: PRELUDE HOME INSPECTION INC

DOCUMENT NUMBER: P03000056659

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WADE HEITZMAN

(Name of Contact Person)

PRELUDE HOME INSPECTION INC

(Firm/ Company)

507 SW HAMLET CIR

(Address)

LAKE CITY, FL 32024

(City/ State and Zip Code)

For further information concerning this matter, please call:

WADE HEITZMAN

(Name of Contact Person)

at (386) 365-0103

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|--|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PRELUDE HOME INSPECTION INC

P03000056659

(Attach additional pages if necessary)
(continued)


The date of adoption of the amendment(s) was: January 1, 2007

Effective date if applicable: JANUARY 1, 2007
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature


(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

WADE HEITZMAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35