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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 24 PM 3:41

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 10300076640

1. Corporation Name  
DADE & BROWARD HOME INSPECTION INC  
15992 SW 3 STREET  
PENSACOLA PINES FL 33027

2. Principal Office Address  
1300 ST CHARLES PL

Suite, Apt. #, etc.  
613

City & State  
PENSACOLA PINES FL

Zip Country  
33026 USA

3. Mailing Office Address  
1300 ST CHARLES PL

Suite, Apt. #, etc.  
613

City & State  
PENSACOLA PINES FL

Zip Country  
33026 USA

REINSTATEMENT 04-05

4. Date Incorporated or Qualified  
To Do Business In Florida

5. FEI Number  
20-1541317

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
RAMIRO BERNAL  
Street Address (P.O. Box Number is Not Acceptable)  
1300 ST CHARLES PLACE  
Suite, Apt. #, Etc.  
613  
City  
PENSACOLA FL  
State  
FL  
Zip Code  
33026

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  
RAMIRO BERNAL  
Date  
11/04/04  
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
P.	RAMIRO E. BERNAL	1300 ST CHARLES PL #613	PENSACOLA PINES FL 33026

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: RAMIRO BERNAL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 11/04  
Daytime Phone #: 305-303-4444

CR2E081 (01/04)

NOV-09-2004 12:21PM FROM-

T-986 P.001/002 F-181

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**DADE & BROWARD  
HOME INSPECTIONS  
INC**

1300 St Charles Place Unit 813  
Pembroke Pines Fl 33026

November 9, 2004

Florida Dept of State  
Division of Corporation

Re: Doc # P03000076648

Dear Sir or Madam:

We have received your letter dated November 8 2004, in regard to the reinstatement form we sent for the 2004 annual report. Due to the fact that we did move from our previous address we did not received neither the original nor the second notice of the annual report. We did inform Tallahassee of such change of address but never was changed. Therefore, in view of this provision we respectfully request a waiver of the reinstatement fee, and accept our filing.

Sincerely,

  
Ramiro Bernal  
President