

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P03000117079

1. Corporation Name

Hodges Inspection Service INC.

2. Principal Office Address - No P.O. Box #

7313 Pittsburgh Street

Suite, Apt. #, etc.

3. Mailing Office Address

7313 Pittsburgh Street

Suite, Apt. #, etc.

City & State

Panama City, Florida

City & State

Panama City, Florida

Zip

32404

7. Name and Address of Current Registered Agent

Name

Michael D Hodges

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

7313 Pittsburgh Street

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32404

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

*Michael D Hodges*

REGISTERED AGENT MUST SIGN

Date *3-20-08*

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
P	Michael D Hodges	7313 Pittsburgh Street	Panama City, Florida 32404
V	Lisa M Hodges	7313 Pittsburgh Street	Panama City, Florida 32404

*REINSTATEMENT*

*04-08*

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:

*Michael D Hodges* MICHAEL D. HODGES 3-20-08 850-832-8021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #