

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN 25 AM 11:01

DOCUMENT # P04000010617

1. Corporation Name

Value Plus Home Inspections, Inc.

500182621185
06/25/10--01027--012 **1058.75

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

3900 Solano Road

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 1151

Suite, Apt. #, etc.

City & State

Panama City

City & State

Lynn Haven

Zip

32405

Country

Bay

Zip

32444

Country

Bay

CR2E081 (6/10)

4. Date Incorporated or Qualified

To Do Business in Florida 1/07/2004

5. FEI Number

200835344

☒ 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

David A. Bowers

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

3900 Solano Road

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32405

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

REGISTERED AGENT MUST SIGN

Date

6-23-10

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	David A. Bowers	3900 Solano Road	Panama City, FL 32405

10. E-mail Address: valueplus@knology.net

(To be used for future annual report notification)

11. 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. I further certify, 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

6-23-10

Daytime Phone #

888-866-4582