PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P04 000071397

06 JUL 12 PM 1:24 1. Corporation Name MARANATHA HOME INSPECTOR COXP. Principal Place of Business Mailing Address 7305 SW 107 HVE. P.O. BOX 178 HIOMI F. 33173 REMSTATEMENT 05-06 Migmi & 33173 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 10465 SW VB ST. 10465 SW 86 ST Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 20-1088666 City & State City & State Not Applicable Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers Title(s) City / State / Zip and/or Directors 10465 SW 56 ST P 10465 SW 56 ST. 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent OSCAR MATURE NA Street Address (P.O. Box Number is Not Acceptable) 104 65 SW 50 ST. Miami ! E Suite, Apt. #, Etc. City State | Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 507.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the Dept. of Revenue under \$. 199.032, Florida Statutes. (See other side for information on intangible tax.)

12. 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 fitting 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Daytime Phone #

MARANATHA HOME INSPECTOR CORP. 10465 SW 56 STREET MIAMI, FLORIDA 33165

July 10, 2005

Division of Corporation Uniform Business Report P.O. Box 1500 Tallahassee. Fl 32302-1500

Gentlemen:

This letter is to inform you that we never received the original forms for Annual Report to be file before May 1st, 2005 and 2006 and neither the Note of Dissolution for each year, because in the first months of year 2005 the P.O Box office was closed they did not communicate any client about this matter, when we realize that we move the address of the corporation to a new one and the post office did not forward the mail to the new address and the documents were lost in the mail our accountant inform us about this when he was trying to pay the 2006 annual corporate fees electronic and you did not accept the payment. I will appreciate if you accept our check in the amount of \$ 300.00 as payment for the Annual Reports for years 2005 and 2006.

I thank you for your cooperation to resolve this matter.

Sincerelý your:

Oscar Maturana President