

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000142184

1. Corporation Name

Blue Chip Home Inspections

2. Principal Office Address - No P.O. Box #
19131 NW 11 St.

Suite, Apt. #, etc.

City & State

Pembroke Pines/FL

Zip

33029

Country

USA

3. Mailing Office Address
19131 NW 11 St.

Suite, Apt. #, etc.

City & State

Pembroke Pines /FL

Zip

33029

Country

USA

REINSTATEMENT 05-08
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

Dec. 27, 2004

5. FEI Number

20-1744592

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

Bernardo Hernandez

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

19131 NW 11 St.

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33029

☒ 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

Bernardo Hernandez

Date **12-19-07**

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
VP	Bernardo Hernandez	19131 NW 11 St.	Pembroke Pines/FL/33029
P	Rosalina Hernandez	19131 NW 11 St.	Pembroke Pines/FL/33029
	<i>[Signature]</i>		

300113349323
12/21/07--01028--011 **\$08.75

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:

Bernardo Hernandez - BERNARDO HERNANDEZ

12-19-07

954-592-9662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #