FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 07 OCT -8 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700110528237
10/09/07--01028--013 **308.75

REINSTATEMENT (CR2E081 (1/07)) 06-07

DOCUMENT #

1. Corporation Name: Florida Certified Home Inspection Services, Inc

DOC # P05000023325

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
27846 SW 142 Ave	27846 SW 142 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Homestead FL	City & State: FL 33032
Zip: 33032 Country: USA	Zip: 33032 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 2-14-05

5. FEI Number: 20-2336202 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee

7. Name and Address of Current Registered Agent

Name: Marcos Reveron

Street Address (P.O. Box Number is Not Acceptable): 27846 SW 142 Ave

Suite, Apt. #, Etc.

City: Homestead State: FL Zip Code: 33032

☒ 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: _____ REGISTERED AGENT MUST SIGN Date: 10-07-06

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
Pres	Marcos Reveron	27846 SW 142 Ave	Homestead FL 33032
VP	Marlene Reveron	27846 SW 142 Ave	Homestead FL 33032
Sec	Marlene Reveron	27846 SW 142 Ave	Homestead FL 33032

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: _____ Marcos Reveron 10-07-06 7862353577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #