

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000067980

**FILED**  
**Oct 29, 2007**  
**Secretary of State**

**Entity Name:** NATIONAL HOME INSPECTIONS SERVICES CORP

**Current Principal Place of Business:**

2200 WINTER SPRINGS BLVD.  
SUITE 106 PMB 236  
OVIEDO,, FL 327659344 US

**New Principal Place of Business:**

2229 BACKWATER COURT  
OVIEDO,, FL 32766 US

**Current Mailing Address:**

2200 WINTER SPRINGS BLVD.  
SUITE 106 PMB 236  
OVIEDO,, FL 327659344 US

**New Mailing Address:**

**FEI Number:** 20-2806272      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

AQUINO, MAYRA MRS  
220 WINTER SPRINGS BLVD  
SUITE 106 PMB236  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

AQUINO, MAYRA MRS  
2229 BACKWATER COURT  
OVIEDO, FL 32766 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MA

10/29/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: AQUINO, MAYRA C  
Address: 2200 WINTER SPRINGS BLVD-STE 106 PMB 236  
City-St-Zip: OVIEDO, FL 32765 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: AQUINO, MAYRA C  
Address: 2229 BACKWATER COURT  
City-St-Zip: OVIEDO, FL 32766 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MA

P

10/29/2007

Electronic Signature of Signing Officer or Director

Date