

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY -6 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000144578

1. Corporation Name

AFFILIATED HOME INSPECTIONS INC

100155530421
05/06/09--01020--026 **600.00

REINSTATEMENT 06-09

2. Principal Office Address - No P.O. Box #
4002 SCENIC DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIDDLEBURG, FL

City & State

Zip
32068

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 10-25-2005

5. FEI Number
20-3715190

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
STEPHEN C BROWN

Street Address (P.O. Box Number is Not Acceptable)
4002 SCENIC DRIVE

Suite, Apt. #, Etc.

City
MIDDLEBURG,

State
FL

Zip Code
32068

☒ 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

Stephen C Brown

REGISTERED AGENT MUST SIGN

Date 04/13/2009

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/D	STEPHEN C BROWN	4002 SCENIC DRIVE	MIDDLEBURG, FL 32068
VP/S	CRYSTAL L BROWN	4002 SCENIC DRIVE	MIDDLEBURG, FL 32068
		<i>PS/11</i>	

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:

Stephen C Brown

STEPHEN C BROWN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/2009

Date

9044632759

Daytime Phone #