2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000037784

Entity Name: ELITE HOME INSPECTOR, INC.

917 SW 135TH COURT

MIAMI, FL 33185 US

Address:

City-St-Zip:

FILED Sep 29, 2009 Secretary of State

_		WIE 11 VOI 20101V, 11 VO.			
Current Principal Place of Business:			New Principal Place of Business:		
917 SW 13 MIAMI, FL	35TH COURT 33185 US				
Current Mailing Address:			New Mailing Address:		
9455 W FL MIAMI, FL	AGLER ST AF 33174 US	PT#C306			
FEI Number	: 20-8737065	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ISSA, BAC 9455 W FL MIAMI, FL	AGLER ST # 0	C 306			
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE: BACHUR	ISSA			
	Electroni	c Signature of Registered Age	ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DIR. () ISSA, BACHUR 917 SW 135TH MIAMI, FL 3318		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PRES () ISSA, BACHUR 917 SW 135TH MIAMI, FL 3318		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC. () ISSA, BACHUR 917 SW 135TH MIAMI, FL 3318		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TREA ()	Delete	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: BACHUR ISSA PRES 09/29/2009