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(Requestor's Name)

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(City/State/Zip/Phone #)

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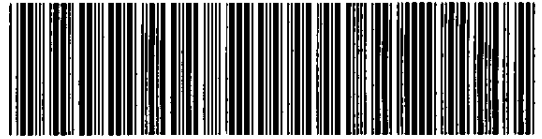
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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Art Correction  
CC  
@ 2/16/10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Florida Re-Inspection, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P10000012599

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James A. Byrne

Name of Contact Person

Attorney at Law

Firm/Company

540 Fourth Street N.

Address

St. Petersburg, FL 33701

City/State and Zip Code

floridalaw@mindspring..com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James A. Byrne

Name of Contact Person

at ( 727 ) 898-3273

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF CORRECTION

for

Florida Re-inspection, Inc.

Name of Corporation as currently filed with the Florida Dept. of State

P10000012599

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Articles of Incorporation

(Document Type Being Corrected)

filed with the Department of State on February 10, 2010

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

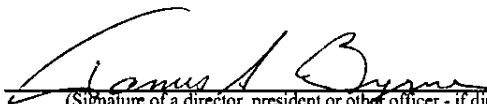
Article I - The name of the corporation is Florida Re-Inspection, Inc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

Article I - The name of the corporation is Florida Re-Inspections, Inc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - If in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

James A. Byrne

(Typed or printed name of person signing)

Incorporator

(Title of person signing)

**Filing Fee: \$35.00**

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STATE  
TALLAHASSEE, FLORIDA  
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