

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000070491**

1. Corporation Name

INSPECTION & TESTING GROUP, INC.

Principal Place of Business

13611 JONQUIL PLACE
WELLINGTON FL 33414

Mailing Address

13611 JONQUIL PLACE
WELLINGTON FL 33414

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

324 ROYAL PALM WAY #213
PALM BEACH, FL 33480

Suite, Apt. #, etc.

324 ROYAL PALM WAY #213
PALM BEACH, FL 33480

Zip

Country

PAUM BEACH

Zip

Country

PAUM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/1993

5. FEI Number

65-0440804

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	SMITH, KENNETH	13611 JONQUIL PLACE	WELLINGTON FL 33414
2	SMITH, KENNETH	13611 JONQUIL PLACE	WELLINGTON FL 33414

300003026953-1
-10/27/99--01092--021
****758.75 ****758.75

REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLAKER, JEFFREY A
1111 LINCOLN RD., STE 802
MIAMI BEACH FL 33139

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Jeffrey A. Blaker
REGISTERED AGENT MUST SIGN

Date

10/18/99

11. 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 under section 119.07(3)(i), 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:

K. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

14 OCT 99

Daytime Phone #

561 722 9567

CR2E040 (8/99)