

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000050620

1. Corporation Name

SHERLOCK HOMES INSPECTION SERVICES, INC.

Principal Place of Business

Mailing Address

8500 COLLEEN COURT
TAMPA FL 33615
US
4616 Scott Rd
Lutz FL 33549

P.O. BOX 260012
TAMPA FL 33685
US

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
V	WARD JAVUREK, NANCY Linda Tye	8503 COLLEEN COURT 4616 Scott Rd	TAMPA FL Lutz FL 33549
P	JAVUREK, VICTOR	8503 COLLEEN CT. 4616 Scott Rd	TAMPA FL Lutz FL 33549
			4000002716894--3
			12/18/98-01111-020
			****758.75 ****758.75
			12/17

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Victor Javurek

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/9/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

Victor Javurek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/7/98 (513) 908-0933

98 DEC 14 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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4. Date Incorporated or Qualified To Do Business in Florida

07/08/1994

5. FEI Number

59-3253393

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

CR2040 (9/98)