

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

00 MAR 31 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P9400052975

1. Corporation Name

A. ATLANTIC HOME INSPECTIONS INC

W-7948

Mailing Address

Principal Place of Business

4969 Seville CT
CAPE CORAL FL
33904

SAME.

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

REINSTATEMENT

9500

2. New Mailing Address, if Applicable

3. New Principal Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

JULY 14, 1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0514599

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

Lee

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)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	CARL E FLACK	4969 Seville CT	CAPE CORAL FL 33904
Sec	CARL E FLACK	SAME	SAME
			700003214777-2 -04/19/00-01074-001 ***1508.75 ***1508.75
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARL E FLACK
4969 Seville CT
CAPE CORAL FL 33904

Name CARL E FLACK

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

4969 Seville CT

Suite, Apt. #, Etc.

City CAPE CORAL

State FL

Zip Code

33904

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

REGISTERED AGENT MUST SIGN

Date 3/22/00

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐(See other side for
additional information.)12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

CARL E. FLACK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00

Date

(941)

850-4594

Daytime Phone #