

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 OCT 24 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000054843

1. Corporation Name

ACCURATE HOME INSPECTION SERVICES Inc

100008575311
10/24/02--01095--009 **158.75

2. Principal Office Address

12215 SW 94TH TERRACE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33186

Country

USA

3. Mailing Office Address

12215 SW 94TH TERRACE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33186

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JULY 17, 1995

5. FEI Number

65-0593598

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARIA ELENA JORDAN

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

12215 SW 94TH TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33186

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	MARIA ELENA JORDAN	12215 SW 94TH TERRACE	MIAMI FLORIDA 33186

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA ELENA JORDAN

10/21/2002 305/219-1995

Date

Daytime Phone #

CR2E081 (9/01)

ACCURATE HOME INSPECTION SERVICES
12215 SW 94TH TERRACE
MIAMI, FLORIDA 33186

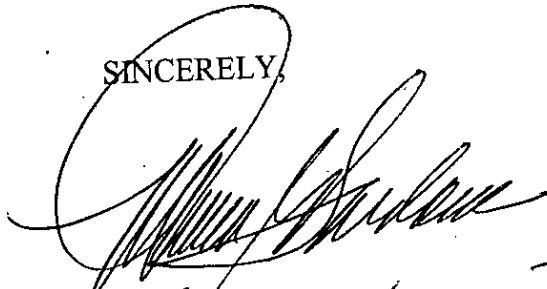
OCTOBER 21, 2002

RE: ANNUAL BUSINESS REPORT

GENTLEMEN:

PLEASE FIND ENCLOSED THE ANNUAL BUSINESS REPORT FOR THE ABOVE REFERENCED CORPORATION IN THE NAME OF ACCURATE HOME INSPECTION SERVICES, CORPORATE #P95000054843. ALONG WITH A CHECK FOR \$158.75 WHICH REPRESENTS PAYMENT FOR THE FILING AND A COPY OF THE CERTIFICATE. THE ORIGINAL FORMS WERE NEVER RECEIVED BY US AND THEREFORE THE REPORT WAS NEVER FILED INADVERTENTLY. THANK YOU FOR YOUR ATTENTION TO THIS MATTER. .

SINCERELY,



Mary A. Eleng Jordan
PRESIDENT