

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP -2 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000022132

1. Corporation Name

RESIDENTIAL INSPECTION SERVICES, INC.

2. Principal Office Address

P.O. Box 621111

Suite, Apt. #, etc.

City & State

OVIEDO, FL

Zip

32762-1111

Country

USA

3. Mailing Office Address

P.O. Box 621111

Suite, Apt. #, etc.

City & State

OVIEDO, FL

Zip

32762-1111

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/3/97

5. FEI Number

59-2726135

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

Wayne H. Keyes

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

62 Hillcrest Street

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

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

Wayne H. Keyes

REGISTERED AGENT MUST SIGN

Date

8/31/04

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
P	Wayne H. Keyes	62 Hillcrest St.	Oviedo, FL 32765
V	Diane E. Keyes	62 Hillcrest St.	Oviedo, FL 32765

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:

Wayne H. Keyes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/04

Date

407-767-5040

Daytime Phone #