

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000105266

1. Corporation Name

HOME INVENTORY SYSTEMS, INC.

Principal Place of Business

700 OLD DIXIE HIGHWAY
SUITE 206
LAKE PARK FL 33403

Mailing Address

700 OLD DIXIE HIGHWAY
SUITE 206
LAKE PARK FL 33403

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

2. New Principal Office Address, If Applicable
1555 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.
810

City & State
WPB Florida

Zip
33401

Country
USA

3. New Mailing Office Address, If Applicable
1555 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.
810

City & State
WPB Florida

Zip
33401

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1997

5. FEI Number

65-0808108

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
-PTSC CPD	RICHARD H MCCARGAR RICHARD	806 W KALMIA DR	LK PARK FL 33403
VPTSD	JEAN COLUCCI	11579 SW 4th Pl. N.	ROYAL Palm Beach, FL 33411

100003069971--3
-12/14/99--01093--026
****750.00 ****750.00

8. Name and Address of Current Registered Agent

MCCARGAR, RICHARD H
806 W. KALMIA DRIVE
LAKE PARK FL 33403

9. Name and Address of New Registered Agent

Name
Richard H. McCargar
Street Address (P.O. Box Number is Not Acceptable)
806 W. Kalmia Drive
Suite, Apt. #, Etc.
City
Lake Park
State
FL
Zip Code
33403

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

Richard H. McCargar
REGISTERED AGENT MUST SIGN

Date 12/2/99

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:

Richard H. McCargar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-688-0778

Daytime Phone #