PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM."

APPLICATION FOR STATE JIM Smith FOR STATE JIM Smith Smith Secretary of State JIM Smith Smith Secretary of State JIM Smith Smith Secretary of State Secretary of State Secretary of State DOCUMENT # P98000033129 1. Corporation Name CERTIFIED HOME INSPECTORS OF AMERICA, INC. Principal Place of Business Mailing Address Mailing Mailing Mailing Address Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing			ELACE HEAD	ALL ING	TROCHON	S BEFUNE (COMPLET	ING THIS FU	JHIVI	•	
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7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) 2 and/or Directors 3 Officer and/or Director 4 City / State / Zip D RUSSANO, SONNY 10318 178 CT SOUTH BOCA RATON FL 33498 8. Name and Address of Current Registered Agent PUSSANO, SONNY 10318 178 CT SOUTH BOCA RATON FL 33498 8. Name and Address of Current Registered Agent Pussano, Sonny 10318 178 CT SOUTH Street Address (P.O. Box Number is Not Acceptable) Sule, Apt. 4, Etc. City State Zip Code FL Signature of 1. Learlify that I am an officer or director or the receiver or trustee empowered to exacute this application as provided for in chapter 607 or 617, F.S. I further cordity 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 least sectors of the satisfies the requirements of section 607.0401 or 617.0401, F.S., that all least sectors of the satisfies the requirements of section 607.0401 or 617.0401, F.S., that all least sectors of the satisfies the requirements of section 607.0401 or 617.0401, F.S., that all least sectors of the satisfies the requirements of section 607.0401 or 617.0401, F.S., that all least sectors of the satisfies the requirements of section 607.0401 or 617.0401, F.S., that all least sectors of the satisfies the requirements of section 607.0401 or 617.0401, F.S., that all least sectors of the satisfies of this term of not calculate the requirements of section 607.0401 or 617.0401, F.S., that all least sectors of the satisfies of the least of the calculation and the requirements of section 607.0401 or 617.0401, F.S., that all least sectors of the satisfies of the liter of the calculation and the satisfies of the least of the calculation and the satisfies of the least of the calculation and the satisfies of the least of the calculation and the satisfies of the least of the calculation and the satisfies of the la	City & State		City & State								
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10/28/02 S6/-4884433

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CERTIFIED HOME INSPECTORS OF AMERICA



INSPECTING HOMES SINCE 1976

10/28/02 I apoly for Filling then Form hote I arrane your that if I would have necessed the first wotice I would have Filled phoneptly as I do with all my other State, Federal and Local Forms. Thank you Kunond

I spake to a Marketa at 1-850-245-6059 and she directed me to Send 8/50.