

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 24 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000054260**

1. Corporation Name

FLORIDA BUILDING INSPECTION BUREAU, INC.

Principal Place of Business

8615 VIA GIULA
BOCA RATON FL 33496

Mailing Address

8615 VIA GIULA
BOCA RATON FL 33496

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/1998

5. FEI Number

65-0843946

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
D	MELNICOFF, IRWIN	8615 VIA GIULA	BOCA RATON FL 33496

000008565180
10/24/02--01037--013 **150.00

8. Name and Address of Current Registered Agent

MELNICOFF, IRWIN
8615 VIA GIULA
BOCA RATON FL 33496

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/22/02

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:

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

10/22/02

561 486 1251

Date

Daytime Phone #

CR2E040 (802)

Florida Building Inspection Bureau, Inc.

8615 Via Giulia
Boca Raton, Florida 33496

Tel: 561-488-1251
Fax: 561-488-9417

October 22, 2002

Florida Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: PRIOR UBR NOTICES and FILING FEE

Gentlemen:

I have enclosed my check in the amount of \$150.00, and the Application for Restatement of Florida Building Inspection Bureau, Inc.

The prior UBR notices were not received.

Thanks for your courtesies.

Very truly yours,

Florida Building Inspection Bureau, Inc.

Irwin Melnicoff, P.E.

Irwin Melnicoff, P.E.