

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000104076

1. Corporation Name

Home Vision Inspections INC.

2. Principal Office Address

2771 TAFT ST

Suite, Apt. #, etc.

#307

City & State

HOLLYWOOD, FL

Zip

33020

Country

USA

3. Mailing Office Address

2771 TAFT

Suite, Apt. #, etc.

#307

City & State

HOLLYWOOD, FL

Zip

33020

Country

USA

FILED

03 MAY 13 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600018816346
05/13/03--01008--005 **458.75

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-15-98

5. FEI Number

650902335

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

MICHAEL W. COX

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

2771 TAFT ST

Suite, Apt. #, Etc.

APT. 307

City

HOLLYWOOD

State
FL

Zip Code

33020

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**

MICHAEL W. COX

REGISTERED AGENT MUST SIGN

Date 5-1-03

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	MICHAEL W. COX	2771 TAFT ST #307	HOLLYWOOD, FL 33020

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)(f), 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:

MICHAEL W. COX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-03

Date

954-559-4714

Daytime Phone #

21 5/20