2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 899000) 49868 FILED SELRETARY OF STATE STATEWIDE HOME Inspections To 010CT | AMII:08 Principal Place of Business Mailing Address 10930 SW 147 Ct MIami, FLORISA 33196 Suite, Apt. #, etc Suite, Ant. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent joe Barboa Name 10730 SW 147 Ct. Street Address (P.O. Box Number is Not Acceptable) miami, Fl 33196 Zip Code nits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The abo Balboa SIGNATUR ed Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Jue Balboa 10730 SW 147 Ct ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS miami, F1 33196 CITY-ST-ZIP CITY-ST-ZIP Katherine A. Balboa Delete ☐ Change Addition TITLE TITLE NAME NAME 10730 SW 141 Ct miami, F1 33 196 600004645046--0 STREET ADDRESS STREET ADDRESS -10/19/01--01023--009 CiTY-ST-ZIP CITY-ST-ZIP \*\*\*\*550.00 | \*\*\*\*550.00 TITLE TITLE NAME NAME STREET\_ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/5/01 (305)380-06

## **STATEWIDE HOME INSPECTIONS, INC.**

PO Box 960911 Miami, Florida 33296 (305) 380-1252

September 26, 2001

RE: Reinstatement of Corporation

To Whom It May Concern:

This letter is to request reinstatement of Statewide Home Inspections, Inc. as this Corporation was dissolved in error. Our company has not received to date any renewal letter or statement to alert us of the cancellation. We apologize for any inconvenience this may have caused and wish to reinstate Statewide Home Inspections as soon as possible. Please accept the check enclosed for the renewal fee, and it is our hope that all late fees will be waived.

Thank you for your prompt attention in this matter.

Sincerely

Joe Balboa

Statewide Home Inspections

President