

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000073630**

1. Corporation Name

DEPENDABLE HOME INSPECTIONS INC.

Principal Place of Business

Mailing Address

9720 SW 77TH TERRACE
MIAMI FL 33173

9720 SW 77TH TERRACE
MIAMI FL 33173

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/18/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0941642

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	PLASENCIA, LEONEL B	9720 SW 77TH TERRACE	MIAMI FL 33173

600024341026
10/31/03--01088--013 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PLASENCIA, LEONEL
9720 SW 77TH TERRACE
MIAMI FL 33173

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

REGISTERED AGENT MUST SIGN

Date **10-28-03**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-03 305-545-366

Dependable Home Inspections

October 28, 2003

Division of Corporations P.O. Box 6237 Tallahassee, FL 32314

Dear Sir or Madam:

I received notice dissolution on 10-23-03 after which I contacted your office that I had already sent in the application and check. I since have checked with my bank and the check that was sent on 7-1-03 did not clear. I am sending another check for 150.00 dollars with the signed application. Thank you for your attention in this matter and hope this will resolve the issue. Please notify me of reinstatement.

Sincerely,

Leonel Plasencia
President
