

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 16 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V04285

1. Corporation Name

A-EXPERT INSPECTIONS & TERMITE CONTROL, INC.

2. Principal Office Address

860 SE 6TH AVE #202

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

USA

3. Mailing Office Address

860 SE 6TH AVE #202

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

USA

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

1/6/92

5. FEI Number

65-0297588

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

KATZ, BRIAN, E.

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

860 SE 6TH AVE #202

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33441

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

Brian Katz

REGISTERED AGENT MUST SIGN

Date

10/10/03

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
D	KATZ, BRIAN, E.	860 SE 6TH AVE #202	DEERFIELD BEACH, FL

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)(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

Brian Katz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/03

Daytime Phone #

CR2E081 (10/02)

10/10/20

A-EXPERT INSPECTIONS & TERMITE CONTROL, INC.
860 SE 6TH AVE #202
DEERFIELD BEACH , FL 33441
954-583-4599

10/7/03

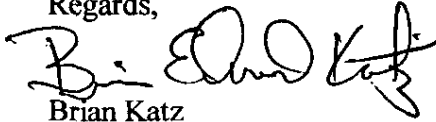
Department of State
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am writing this letter to request a waiver of the reinstatement penalty. I never received the Uniform Business Report in the mail and just discovered that the corporation is not active. I am enclosing a check in the amount of \$150.00. and kindly request to have the corporation reinstated.

Thanking you in advance for your assistance with this matter.

Regards,


Brian Katz