PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Sandra B. State

Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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DOCUMENT # **V52182**

1. Corporation Name

REALTY INSPECTIONS, INC.

Principal	Place	of Busi	iness								

Mailing Address

12160 58TH PLACE, NORTH ROYAL PALM BEACH FL 33411 12160 58TH PLACE, NORTH ROYAL PALM BEACH FL 33411

							REINS	TATEMENT	99-D
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mail			ling Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 07/17/1992 5. FEI Number Applied For Appl				
Suite, Apt. #, etc. Suite, Apt. #									
City & State City & State				65-0356254 Not Applicab					
Žip		Country	Zip		Country		6. CERTIFICA		Additional Fee required Certificate of Status
7. Names	and Street Add	dresses of Each Officer an	d/or Director (Flo	orida nonprol	fit corporatio	ns must list at lea	ast 3 directors)		
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		·	City / State / Zip				
D	PARSONS, D GREG		12160 58TH PLACE NORTH		ROYAL PALM BEACH FL				
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				5			-00033775564 -08/30/0001045017 ***1208.75 ***1208.75		
							·····	***************************************	**!
							<u> </u>		
8. Name and Address of Current Registered Agent				ent	9. Name and Address of New Registered Agent			nt	
DADCO	NO DOC	~ 		~		Name	-		
PARSONS, D GREG 12160 58TH PLACE, NORTH			<u> </u>	Street Address (P.O. Box Number is Not Acceptable)					
ROYAL PALM BEACH FL 33411				Suite, Apt. #, Etc.					
						City	-	FL	ip Code
10. I, bein	g appointed the	e registered agent of the at	bove named corp	oration, am f	familiar with	and accept the o	bligations of Se	ction 607.0505, F.S.	
Signature of Registered	of I Agent	Signey !	PEGISTERED AC	SENT MUST	EQU SIGN	IRED		Date AUG 3, 2	.000
		ration owes or h Personal Prope	nas paid th	e curre	ent year	Yes 🗌	No 🗹	(See other side fo on intangibl	
12 Loodifi	that I am an a	officer or director or the rec	olver or tructee of	mnoused to	avegute this	o application on	are vided for in a	hanter 607 or 617 E.S. Liurther corr	tifu 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: