PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham , FOR Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** FILED DOCUMENT # 97 OCT 27 PM 2: 34 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA INSPECTION SERVICES OF NORTH FLORIDA INC. Principal Place of Business Mailing Address 1733 CAPITAL CIRCLE, N.E. 1733 CAPITAL CIRCLE, N.E. TALLAHASSEE FL \$2308 TALLAHASSEE FL 32308 REINSTATEMENT 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 Malling Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 09/09/1992 Suite, Apt. #, etc. 5. FEI Number Applied For 59-3290521 City & State Not Applicable \$8.75 Additional Fee required Country Country for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at teast 3 directors) Name of Officers and/or Directors Street Address of Each City / State / Zip Officer and/or Director (Do NOT Use Post Office Box Numbers) ERICKS, CINDY G 1733 CAPITAL CIR. N.E. TALLAHASSEE FL AL " 500002333075--1 -10/29/97--01107--016 ****750.00 ****750.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent ERIOKS, WALTER 173 CAPITAL CIRCLE NE TABLAHASSEE FL 32308 10. I, being appointed the registered agent of the above pamed comoration, am familiar with and accept the obligations of Section 607.0505, F.S. REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Yes 🛂 Intangible Personal Property tax due June 30. No 12. 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

SIGNATURE:

Signature of Signature Agent _

Sulte, Apt. #, etc.

City & State

Title(s)

PTVS

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PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

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

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