

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000159465

1. Corporation Name

E7 Home Inspection Service, Inc.

2. Principal Office Address

5881 Venisota Road

Suite, Apt. #, etc.

City & State

Venice, Florida

Zip

34293

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

06 DEC 26 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/04

5. FEI Number

20-1927961

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Milton Cleveland

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

5881 Venisota Road

Suite, Apt. #, Etc.

City
Venice

State
FL

Zip Code
34293

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

Milton Cleveland
REGISTERED AGENT MUST SIGN

Date

12/22/06

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
P	Milton Cleveland	5881 Venisota Road	Venice, FL 34293
S	Sharon Cleveland	5881 Venisota Road	Venice, FL 34293

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 contained in Chapter 119, 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:

Milton Cleveland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/22/06

Daytime Phone #

941-358-1215

292

MARK H. KNAUF, PA
Certified Public Accountant
2230 S McCall Road, Suite A - Englewood, Fl. 34224
941-474-5450

December 18, 2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

Gentlemen:

Attached is the completed Corporation Reinstatement form and a check for \$300.00 for 2005 and 2006 Uniform Business Reports for E 7 Home Inspection Service, Inc.

E7 never received the postcards for either 2005 or 2006. The address listed on your paperwork is incorrect so no mail has been received. Please waive the Reinstatement fees and accept our \$300.00 check to make E7 active.

If you have any questions please give us a call.

Thank you.

Sincerely,



Carolyn C. Hamilton
Bookkeeper