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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
2003 NOV 20 AM 9:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000032338

Name and Mailing Address

0004951 01 AT 0.292 **AUTO T0 0 0615 33029-342573
FLORIDA BUSINESS APPRAISERS LLC
20173 N.W. 9TH DRIVE
PEMBROKE PINES FL 33029-3425

CR2E084 (7/03)

2. New Mailing Address City, State, Zip	4. State/Country of Formation FL 5. Date Organized or Qualified To Do Business in Florida 12/03/2002
Principal Place of Business 20173 N.W. 9TH DRIVE PEMBROKE PINES FL 33029 3. New Principal Place of Business Address City, State, Zip	6. FEI Number 14-1860032 ☐ Applied For ☐ Not Applicable 7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GARCIA-CARRANZA, CARLOS 20173 N.W. 9TH DRIVE PEMBROKE PINES FL 33029	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 11-13-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM CEO	GUY SANCHEZ JR.	7460 W 29 WAY	HIALEAH FL 33018

500024865745
11/20/03--01004--004 **150.00

REINSTATEMENT 2003

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manage SIGNATURE REQUIRED Date 11-13-03 Daytime Phone # 954-447-0886

Typed or printed name of signing Managing Member/Manager GUY SANCHEZ JR.