PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P0000012418

1. Corporation Name

KENT MAYER APPRAISAL SERVICE, INC.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

03 OCT 23 PM 1:58

561-689-8608

Daytime Phone #

Principal Place of Business 3759 WOODS WALK BLVD. LAKE WORTH FL 33463 If above addresses are incorrect in any way, line thr 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State		3759 WOODS LAKE WORTH by way, line through incorrect in the solicable 3. New Mail	New Mailing Office Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 01/31/2000 5. FEI Number 65-0980674 Not Applicable			
Zip Country		Zip	Zip Coun		6.		\$8.75 Additiona	al Fee required
					<u> </u>	E OF STATUS DESIRED L	for a Certifica	te of Status
7. Names		ch Officer and/or Director (Flo	,					
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director	City / State / Zip			
PSTD	MAYER, KENT		3759 WOODS WALK BLVD.			LAKE WORTH FL 33463		
٧	MAYER, GERI	3759 WOODS WALK BLVD.			LAKE WORTH FL 33463			
				<u> </u>	40 — 10/23/	0024054 030107801		0
8. Name and Address of Current Registered Agent					9. Name and	Address of New Registered Agent		
MAYER, KENT 3759 WOODS WALK BLVD. LAKE WORTH FL 33463				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code				CR2E040 (7/03)
Signature Registered	Agent that I am an officer or direct	REGISTERED AG	SENT MUST SIGN	te this application as p	rovided for in cha	Date 1 0 (20)	7.0505, F.S.	• 1
Signature Registered 11. I certify this reir	of Agent that I am an officer or direct estatement application, the re	RÉGISTERED AG	SENT MUST SIGN npowered to execut eliminated, the corr	with and accept the of	rovided for in che	Date 10 (20)	7.0505, F.S. / 2-00-3 urther certify that w	at all fees

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 PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kent Mayer Appraisal Service, Inc. 3759 Woods Walk Blvd. Lake Worth, FL 33467 65-0980674

October 20, 2003

Division of Corporations PO Box 6327 Tallahassee FI 32314-6327

Dear Sir or Madam:

I was shocked to receive the notification that my corporation failed not only to send the appropriate fees when due but that I also failed to send the appropriate fees for a late renewal. I immediately reviewed my files, that I keep for all correspondences from the State of Florida, and failed to find either the first form to renew or a second notice (UBR Forms) to pay with a late fee.

I can honestly say that I did not receive either of the renewal forms from the State of Florida. I am not the type of person to discard any type of correspondence from the State or Federal Government and keep accurate records of all documents sent to me. The address that you have for my corporation is correct and I have not moved in the last 14 years. I do not understand why I did not receive these important forms and now I have reservations that other letters from you are also missing.

Please allow me a one-time waiver of the penalty fees and accept the enclosed check for \$150.00 to review my corporation status with the State of Florida.

Kent Mayer

President