

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY -6 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 806000114249

1. Corporation Name

Milano Appraisals, Corporation

2. Principal Office Address - No P.O. Box #

9055 SW 73rd Ct.

Suite, Apt. #, etc.

1603

City & State

Miami, FL

Zip

33156

Country

USA

3. Mailing Office Address

9055 SW 73rd Ct.

Suite, Apt. #, etc.

1603

City & State

Miami FL

Zip

33156

Country

USA

200128568682

05/06/08 - 01/09/07 **758.75

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

9/1/06

5. FEI Number

20-5553787

☐ 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

Magda Michelle Hernandez

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

9055 SW 73 CT

Suite, Apt. #, Etc.

1603

City

Miami

State

FL

Zip Code

33156

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Magda Michelle Hernandez

REGISTERED AGENT MUST SIGN

Date

4.28.08

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
Dir.	Magda Michelle Hernandez	9055 SW 73 rd Ct. #1603	Miami, FL 33156
Offr.	Silvio Quadra	7355 SW 89 St, #517N	Miami, FL 33156

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Magda Michelle Hernandez
Silvio Quadra

Date

4.28.08

Daytime Phone #

305-951-0798

4.28.08 305-807-1390
MAY 6 2008