PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 00/01 WBC

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -6 PM 3:55

DOCUMENT # P94000038614

1. Corporation Name
A.S.A.P. Appraisal Services, Inc.

2. Principal Office Address	**3.** Mailing Office Address
11911 N.W. 2 Street	11911 NW. 2 Street
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Coral Springs, FL	City & State: Coral Springs, FL
Zip: 33071 Country: U.S.	Zip: 33071 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 5/23/94

5. FEI Number: 65-0506287 ☐ 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: Robert A. Folino

700004725397--9
-12/13/01--01078--026
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 11911 N.W. 2 Street

Suite, Apt. #, Etc. —

City: Coral Springs | State: FL | Zip Code: 33071

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: Robert A Folino — REGISTERED AGENT MUST SIGN

Date: 12-3-01

CR2E081 (9/00)

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.	Robert A. Folino	11911 NW 2 Street Coral Springs FL	Coral Springs, FL 33071
V.	Carmen Folino	11911 NW. 2 Street	Coral Springs, FL 33071
T	Carmen Folino	11911 NW 2 Street	Coral Springs, FL 33071

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 under section 119.07(3)(i), 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: Robert A Folino / Robert A Folino — 12-3-01 — 954-255-5128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

A.S.A.P. APPRAISAL SERVICES, INC.

11911 NW 2 STREET
CORAL SPRINGS, FL 33071

Phone 954-255-5128
Fax 954-255-5931

December 01, 2001

To: Division of Corporations

From: Robert A. Folino

Re: Re-instate License for Corporation

PLEASE BE AWARE THAT AFTER WE MOVED TO OUR PRESENT ADDRESS, A.S.A.P. APPRAISAL SERVICES, INC. HAS NOT RECEIVED NOTICE FROM THE DEPARTMENT OF STATE IN ORDER TO PAY OUR FEE TO HAVE THE COMPANY STAY IN ACTIVE STATUS. PLEASE FIND ENCLOSED THE FEE TO RE-INSTATE OUR LICENSE AND PLEASE WAVE THE PENALTY FEE AS WE DID NOT RECEIVE ANY NOTICE. WE APOLOGIZE FOR ANY INCONVENIENCE AND APPRECIATE YOUR UNDERSTANDING IN THIS MATTER.

PLEASE FEEL FREE TO CALL IN ANY FURTHER QUESTIONS NEED TO BE ANSWERED.

Sincerely,

R Folino

Robert A. Folino