

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

*10/12/00*

CORPORATION,  
REINSTATEMENT



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

00 NOV -8 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P96000050785*

1. Corporation Name

*Associated Appraisers, Inc.*

2. Principal Office Address

*9745 Sunset DR*

Suite, Apt. #, etc.

*209*

City & State

*Miami FL*

Zip

*33173*

Country

*U.S.*

3. Mailing Office Address

*SAME*

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

*6/12/1996*

5. FEI Number

*65-0680344*

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

*Anthony Rossler*

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

*9745 Sunset DR.*

Suite, Apt. #, Etc.

*209*

City

*Miami*

State

*FL*

Zip Code

*33173*

*800003487688 - 0*  
*-12/05/00 - 01068 - 009*  
*\*\*\*\*150.00 \*\*\*\*150.00*

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

*[Signature]*

Date

*11/7/00*

REGISTERED AGENT MUST SIGN

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
<i>D</i>	<i>Anthony Rossler</i>	<i>9745 SUNSET DR STE. 209</i>	<i>Miami, FL, 33173</i>

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*11/7/00*

Daytime Phone #

*305-585-5303*

CR2E081 (9/99)

**ASSOCIATED APPRAISERS, INC.**  
Quality, Promptness, Professionalism.

*Bozatz*

November 7, 2000

Reference: Corporation Reinstatement Document #P9600050785

VIA COURIER SERVICE

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern:

I respectfully write this letter to inform you that I never received the <sup>2000</sup>~~1999~~ Profit Corporation Annual Report Packet. It was brought to my attention that my corporation was inactive by browsing your Internet site WWW.SUNBIZ.ORG. It appears the address for my corporation was never changed even though I thought I reported the change the address. The address that I assume the packet was sent to was our old address of 9370 Sunset Drive; our new address is 9745 Sunset Drive, Suite 209, Miami, FL 33173. Please register my new address or send me documentation on how I may go about it. Also, enclosed, please find a check for one hundred and fifty eight dollars and seventy-five cents for the filing fee and certificate of status.

Sincerely,



Anthony Rosales  
Associated Appraisers, Inc.

Enclosures (2)

AR