

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V 20657** **96+97**

1. Corporation Name
Florida Appraisal Service of Tampa, Inc.

Principal Place of Business Mailing Address
P.O. Box 21743
Tampa, FL 33622

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
3618 Enterprise Rd. E.
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
P.O. Box 21743
 Suite, Apt. #, etc.

FILED
97 MAY -5 PM 12:57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
REINSTATEMENT 96+97

City & State
Safety Harbor, FL

City & State
Tampa, FL

Zip **34695** Country **Pinellas** Zip **33622** Country **Hillsborough**

4. Date Incorporated or Qualified To Do Business in Florida **3/11/92** **mwb**

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|-----------------------------------|---|-------------------------|
| P/D | Sue O. Getz | 3618 Enterprise Rd. E. | Safety Harbor, FL 34695 |
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| | | | |
| | | | |

8. Name and Address of Current Registered Agent
Mary Liberatore
6815 Armand Drive
Tampa, FL 33634

9. Name and Address of New Registered Agent
 Name **Sue O. Getz**
 Street Address (P.O. Box Number is Not Acceptable)
3618 Enterprise Rd., E.
 Suite, Apt. #, Etc.
 City **Safety Harbor** State **FL** Zip Code **34695**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent **Sue O. Getz** Date **4/28/97**
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: **Sue O. Getz** Sue O. Getz, President 4/28/97 813/286-6500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2640 (12/96)