

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JAN 28 PM 3:28

**CORPORATION  
REINSTATEMENT**

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

DOCUMENT # 742648

1. Corporation Name

THE INSTITUTE OF BUSINESS APPRAISERS  
INC.

2. Principal Office Address

7420 NW 5TH STREET

Suite, Apt. #, etc.

SUITE  
103

City & State

PLANTATION FL

Zip

33317

Country

USA

3. Mailing Office Address

P.O. BOX 17410

Suite, Apt. #, etc.

City & State

PLANTATION

Zip

33318

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/4/1978

5. FEI Number

65-0712339

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

01-02

7. Name and Address of Current Registered Agent

Name

MICHELE G. MILES

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

7420 NW 5TH STREET

Suite, Apt. #, Etc.

SUITE 103

City

PLANTATION

State

FL

Zip Code

33317

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\*\*\*\*122.50 \*\*\*\*122.50

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

*Michael G. Miles*

REGISTERED AGENT MUST SIGN

Date 1-23-2002

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
PTD	MICHELE G. MILES	6000 BANYAN TERRACE	PLANTATION FL 33317
D	RAYMOND C. MILES	1703 ANDROS ISLE, C-3	COCONUT CREEK FL 33066
D	JACK H. PEZEX	6000 BANYAN TERRACE	PLANTATION FL 33317

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:

*Michael G. Miles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-2002 954 584 1144

Date

Daytime Phone #

CR2E081 (9/01)

130