


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		837842			
1. Corporation Name MARSHALL APPRAISALS, INC. W01-20174					
2. Principal Office Address Post Box 2808		3. Mailing Office Address Post Office 2808			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orlando, FL		City & State Orlando, FL			
Zip 32801	Country USA	Zip 32801	Country USA		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

95-D1

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-0750276	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name W. Thomas Marshall, Jr., MAI	
Street Address (P.O. Box Number is Not Acceptable) 900 Fort Pickens Road	
Suite, Apt. #, Etc. #934	
City Pensacola Beach, FL	State FL
Zip Code 32561	

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 W. Thomas Marshall Jr.	Date 8/24/01
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
PRESIDENT	W. Thomas Marshall Jr.	Unit 934, 900 Ft. Pickens Rd.	Pensacola Beach, FL 32561

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.	
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SIGNATURE: W. Thomas Marshall, Jr., MAI	Date: August 24, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
(407) 496-7551	