

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -9 AM 7:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

FOI-2324

NATIONAL APPRAISAL GROUP, INC.

2. Principal Office Address

401 N. FRONT ST.

Suite, Apt. #, etc.

300

City & State

COLUMBUS, OHIO

Zip

43215

Country

USA

3. Mailing Office Address

401 N FRONT ST.

Suite, Apt. #, etc.

300

City & State

COLUMBUS, OHIO

Zip

43215

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/1/01

5. FEI Number

31-1775068

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

000030257980
03/11/04 01014 021 **900.00

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. and I agree to pay the fee for this reinstatement application.

Signature of
Registered Agent

Stack S. Williams

Date 3/3/04

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
P	Kevin Seckel	401 N. FRONT ST. SUITE 300 COLUMBUS, OHIO 43215	COLUMBUS, OH 43215
S	DEE-ANN STEIN	401 N. FRONT ST. SUITE 300	COLUMBUS, OH 43215
T	DAVID K. STEIN	401 N FRONT ST. SUITE 300	COLUMBUS, OH 43215

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/04 614-324-4700

Date Daytime Phone #

CR2001 (01/04)