

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 10:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F95000003446

1. Corporation Name

NATIONWIDE APPRAISAL SERVICES CORPORATION

Principal Place of Business

SOUTHPOINTE PLAZA II
380 SOUTHPOINTE BLVD.
CANONSBURG PA 15317

Mailing Address

SOUTHPOINTE PLAZA II
380 SOUTHPOINTE BLVD.
CANONSBURG PA 15317

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

07/18/1995

5. FEI Number

25-1724847

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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| CP | OLIVER, I. HALE | 604 HARROGATE ROAD | PITTSBURGH PA 15241 |
| V | MCCONVILLE, CHARLES J | 312 DOUBLETREE DRIVE | VENETIA PA 15367 |
| ST | OLIVER, JUDY | 604 HARROGATE ROAD | PITTSBURGH PA 15241 |
| | | | |
| | | | |
| | | | |

700008819987
11/06/02--01037--006 **750.00

8. Name and Address of Current Registered Agent

FARROW, RICKY
330 BLUEFISH #119
FT WALTON BEACH FL 32548

9. Name and Address of New Registered Agent

Name

TIMOTHY ZETO

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

1115 SE FOURTH AVE

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33316

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Timothy Zeto
REGISTERED AGENT MUST SIGN

Date

10/25/02

11. 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:

David Oeschure
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/2002

Date

800 920 0050

Daytime Phone #