

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Sandra P. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED  
 98 FEB 12 AM 11:16  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT #  
 1. Corporation Name  
**PEEPLS APPRAISAL SERVICES, INC.**

Principal Place of Business  
 301 W. Marion Ave.  
 Punta Gorda, Fl 33950

Mailing Address  
 301 W. Marion Ave.  
 Punta Gorda, Fl 33950

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02-11-87
City & State	City & State	5. FEI Number
Zip	Country	59-2798003
		Applied For
		Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
		\$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
D	Peeples, Jr. Vernon	301 W. Marion Ave.	Punta Gorda, Fl 33950
			000002434520--9 -02/18/98--01083--019 ****900.00 ****900.00
			REINSTATEMENT 97-98
			FEB 17 1998

8. Name and Address of Current Registered Agent

Leland Farr, D  
 301 W. Marion Ave.  
 Punta Gorda Fl 33950

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

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: *Leland D. Farr*  
 REGISTERED AGENT MUST SIGN  
 Date: 2-6-98

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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 2-6-98  
 Daytime Phone #: 94-639-1122

CR2ED40 (12/96)