2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000001207

Entity Name: URGENT APPRAISALS, LLC

MENOSKI, CHRISTINA

4125 OCEAN BEACH BLVD #9

COCOA BEACH, FL 32931 US

Name:

Address:

City-St-Zip:

FILED Jan 31, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8010 N. ATLANTIC AVE SUITE#8 CAPE CANAVERAL, FL 32920 US **New Mailing Address: Current Mailing Address:** 8010 N. ATLANTIC AVE SUITE#8 CAPE CANAVERAL, FL 32920 US FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEEKLY, MICHAEL WEEKLY, MICHAEL E MGRM 8010 N. ATLANTIC AVE 8010 N. ATLANTIC AVE SUITE#8 SUITE#8 CAPE CANAVERAL, FL 32920 US CAPE CANAVERAL, FL 32920 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: MICHAEL E. WEEKLY 01/31/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete WEEKLY, MICHAEL Name: Name: Address: 8010 N. ATLANTIC AVE SUITE#8 Address: City-St-Zip: CAPE CANAVERAL, FL 32920 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MILLER, RICHARD Name: Address: 8010 N. ATLANTIC AVE SUITE#8 Address: City-St-Zip: CAPE CANAVERAL, FL 32920 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL E. WEEKLY MGRM 01/31/2007