PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #M056067

1. Corporation Name
Borlase Appraisal, Inc.

FILED
97 JUN 18 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-97

Principal Place of Business	Mailing Address

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
3207 - 97 AVE. East	P. O. Box 348
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PARRISH Florida	City & State: ELLENTON Florida
Zip: 34219 Country: USA	Zip: 34222-0348 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 1-25-1988

5. FEI Number: 59-2863799 — 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 & 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	JAMES R. Borlase	3207 - 97th AVE. East	Parrish, Fla, 34219

100002217491---5
-06/13/97--01098--005
***1080.00 ***1080.00

6/18/97

8. Name and Address of Current Registered Agent

JAMES R. Borlase
3207 - 97th AVE East
Parrish, Fl. 34219

9. Name and Address of New Registered Agent

Name: 100002217491---5
-06/19/97--01098--006
******8.75 ******8.75

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

Suite, Apt. #, Etc:

City: State: FL Zip Code:

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: James R Borlase — REGISTERED AGENT MUST SIGN — Date: 6-17-97

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: James R Borlase JAMES R. Borlase — 6-17-97 — 941-776-0108 / 941-776-0801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #