

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 00 DEC -8 AM 11:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA <i>rf</i> <b>REINSTATEMENT 2000</b>	
<b>DOCUMENT #</b> m99-2071							
<b>1. Limited Liability Company's Name</b> Southeastern Property Appraisers L.L.C.							
<b>2. Principal Office Address</b> 1560 S. LeJeune Rd Suite, Apt. #, etc.			<b>3. Mailing Office Address</b> 1560 S. LeJeune Rd Suite, Apt. #, etc.			<b>4. State/Country of Formation</b> DE / USA	
<b>City &amp; State</b> Miami, FL Zip 33134 Country USA			<b>City &amp; State</b> Miami, FL Zip 33134 Country USA			<b>5. Date Organized or Qualified To Do Business in Florida</b> 12/27/1999	
<b>6. FEI Number</b> 52-2206233						<b>Applied For</b> Not Applicable	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$5.00 Additional Fee required for Certificate of Status							
<b>8. Name and Address of Current Registered Agent</b>							
<b>Name</b> Lance S. Campbell				<b>800003499648</b> - 0			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 702 Canoe Creek Road				<b>-12/13/00--01055--017</b> ****155.00 ****155.00			
<b>Suite, Apt. #, Etc.</b>							
<b>City</b> Kenansville				<b>State</b> FL		<b>Zip Code</b> 34739	
<b>9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.</b>							
<b>Signature of Registered Agent</b> <i>Lance S. Campbell</i>				<b>Date</b> 12-4-2000 REGISTERED AGENT MUST SIGN			
<b>10. Names and Street Addresses of Managing Members/Managers</b>							
<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>		<b>City / State / Zip</b>			
MGR	Robert P. Ludwig III	1560 S. LeJeune Road		Miami, FL 33134			
MGR	Lance S. Campbell	1560 S. LeJeune Road		Miami, FL 33134			
MGR	Frank Otero III	1560 S. LeJeune Road		Miami, FL 33134			
<b>11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b>							
<b>Signature of Managing Member/Manager</b> <i>Lance S. Campbell</i>				<b>Date</b> 12/4/2000 <b>Daytime Phone #</b> 305-567-9563			
<b>Typed or printed name of signing Managing Member/Manager</b> Lance S. Campbell							

CR2E041 (9/99)