

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAY 24 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 00000041022

1. Corporation Name

CERTIFIED APPRAISALS & Research, INC.

W-7-16482

REINSTATEMENT

03-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

155 NW MAGNOLIA LAKES BLVD.

Suite, Apt. #, etc.

NA

City & State

PORT ST. LUCIE, FL

Zip

34986

Country

USA

3. Mailing Office Address

155 NW MAGNOLIA LAKES BLVD.

Suite, Apt. #, etc.

NA

City & State

PORT ST. LUCIE, FL

Zip

34986

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04-20-2000

5. FEI Number

651008993

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM R. KELLOGG

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

155 NW MAGNOLIA LAKES BLVD.

Suite, Apt. #, Etc.

NA

City

PORT ST. LUCIE

State

FL

Zip Code

34986

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

W. R. Kellogg

REGISTERED AGENT MUST SIGN

Date 3/31/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	WILLIAM R KELLOGG	155 NW MAGNOLIA LAKES BL	PORT ST. LUCIE, FL 34986

606103219616
05/24/07--01058--003 **750.00

10. 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 contained in Chapter 119, 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:

W. R. Kellogg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/07

Date

772-879-4605

Daytime Phone #

6/5aw