


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|  |  |  |   |   |                                      |
|--|--|--|---|---|--------------------------------------|
| <b>CORPORATION<br/>REINSTATEMENT</b>   |  |  <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |   | <b>FILED</b><br>03 SEP 18 PM 2:28<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |                                      |
| <b>DOCUMENT # P00000050411</b>   |  |  |   |   |                                      |
| <b>1. Corporation Name</b><br>ALL COUNTY APPRAISALS, INC   |  |  |   |   |                                      |
| <b>2. Principal Office Address</b><br>8004 NW 154 ST<br>Suite, Apt. #, etc.<br>#126<br>City & State<br>MIAMI LAKES, FL<br>Zip<br>33016 |  |  | <b>3. Mailing Office Address</b><br>Suite, Apt. #, etc.<br>City & State<br>Zip<br>Country                                   |   |                                      |
|  |  |  | <b>4. Date Incorporated or Qualified To Do Business in Florida</b> 05/22/2000   |   |                                      |
|  |  |  | <b>5. FEI Number</b> 65-1010339   |   | <b>Applied For</b><br>Not Applicable |
|  |  |  | <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |   |                                      |

01-02-03 UBR

|   |                 |
|---|-----------------|
| <b>7. Name and Address of Current Registered Agent</b>    |                 |
| <b>Name</b>   | ANGEL C CHIRINO |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b> | 8004 NW 154 ST  |
| <b>Suite, Apt. #, Etc.</b>                                | #126            |
| <b>City</b>   | MIAMI LAKES     |
| <b>State</b>  | FL              |
| <b>Zip Code</b>   | 33016           |

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

REGISTERED AGENT MUST SIGN

Date

9/15/03

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 |
|--------|-----------------------------------|--|--------------------|
| PRESID | ANGEL C CHIRINO                   | 8004 NW 154 ST # 126                           | Miami, FL 33016    |
| SECRE  | SANDRA M CHIRINO                  | 8004 NW 154 ST # 126                           | Miami, FL 33016    |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/15/2003 954-431-0545

Date

Daytime Phone #

CR2E081 (10/02)