

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 14 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-00000082234

1. Corporation Name

Deese Appraisal Service, Inc

2. Principal Office Address

204 Century 21 Dr

Suite, Apt. #, etc.

City & State

Jacksonville Fl

Zip

32216

Country

Duval

3. Mailing Office Address

204 Century 21 Dr

Suite, Apt. #, etc.

City & State

Jacksonville Fl

Zip

32216

Country

Duval

REINSTATEMENT 02-05

4. Date Incorporated or Qualified
To Do Business in Florida

10-1-00

5. FEI Number

59-3669235

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

Helen C Siracusa

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

3910 Atlantic Blvd

Suite, Apt. #, Etc.

City

Jacksonville, Fl

State

FL

Zip Code

32207

500048847275
03/22/05-01025 021 7-0000 00

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

Helen C Siracusa

REGISTERED AGENT MUST SIGN

Date 3-8-05

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
D	Paul N Deese	204 Century 21 Dr	Jacksonville, Fl 32216

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:

Paul N Deese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-05

Date

904-727-9619

Daytime Phone #

CR2E081 (01/05)

DEESE APPRAISAL
SERVICE, INC.

204 Century 21 Drive
Jacksonville, Florida 32216

(904) 727-9619 FAX (904) 720-0013

March 8, 2005

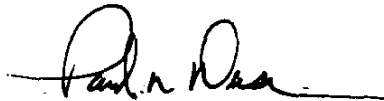
Department of the State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document # P-00000082234

To Whom It May Concern:

Please reinstate the corporation of Deese Appraisal Service, Inc. for the years of 2002-2005. We did not receive a notice to file in these years because you have been sending the notices to a former address. Therefore, we were unaware that the annual report needed to be re-filed. We ask that you please waive any penalty fees that occurred herein. Thank you for your cooperation regarding this matter.

Sincerely,



Paul N. Deese
President,
Deese Appraisal Service, Inc.