

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED


05 MAR 17 PM 5:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

04-05

DOCUMENT # P01000004967					
1. Entity Name FIRST SERVICE APPRAISAL, INC.					
Principal Place of Business 13361 S.W. 50TH STREET MIAMI, FL 33175			Mailing Address 13361 S.W. 50TH STREET MIAMI, FL 33175		
2. Principal Place of Business 6801 NW 77 AVENUE 207		3. Mailing Address 6801 NW 77 AVENUE 207			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA			
Zip 33166	Country USA	Zip 33166	Country USA	4. FEI Number 65-1073736	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Not Applicable	
6. Name and Address of Current Registered Agent GUILLERMO, ALCORTA 13361 S.W. 50TH STREET MIAMI, FL 33175			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Guillermo Alcora</i>			DATE 3/15/05		
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALCORTA, GUILLERMO 13361 S.W. 50TH STREET MIAMI, FL 33175	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400049167024 03/25/05--01003--007 ***900.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS ALCORTA, VIRGINIA 13361 S.W. 50TH STREET MIAMI, FL 33175	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALCORTA, CRISTINA 13361 S.W. 50TH STREET MIAMI, FL 33175	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD. ALEXANDRO ALCORTA 13361 SW 50 ST MIAMI, FL 33175	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other officers empowered.					
SIGNATURE: <i>Guillermo Alcora</i>			DATE: 3/15/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		