2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000011407

1. Entity Name
MERRITT APPRAISAL SERVICES, INC.

FILED
06 NOV 20 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11142006 REIN-P CR2E098 (11/05) 06

Principal Place of Business	Mailing Address
1180 SPRING CENTER BLVD SUITE 123 ALTAMONTE SPRINGS, FL 32714	1180 SPRING CENTER BLVD SUITE 123 ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business	3. Mailing Address
1538 Grace Lake Circle	1538 Grace Lake Circle
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Longwood, FL	City & State: Longwood, FL
Zip: 32750 Country: U.S.A.	Zip: 32750 Country: U.S.A.

4. FEI Number: 59-3695126 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ODOM, DAVID M 1180 SPRING CENTER BLVD. SUITE 123 ALTAMONTE SPRINGS, FL 32714	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: _____ 11/14/06
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $750.00
After January 1, 2007, 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	P ODOM, DAVID M 1180 SPRING CENTER BLVD, SUITE 123 ALTAMONTE SPRINGS, FL 32714 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☒ Change ☐ Addition Odom, David M. 1538 Grace Lake Circle Longwood, FL 32750
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition 400081960874 11/20/06--01074--018 **750.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete DR 11/21	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

SIGNATURE: _____ 11/14/06 321-377-4317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number