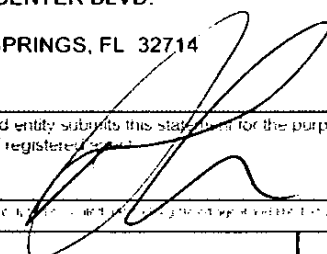
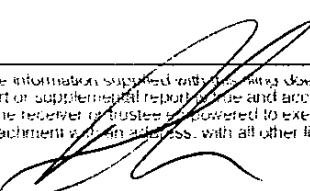


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000011407 1. Entity Name MERRITT APPRAISAL SERVICES, INC.				FILED 06 NOV 20 PM 4: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1180 SPRING CENTER BLVD SUITE 123 ALTAMONTE SPRINGS, FL 32714		Mailing Address 1180 SPRING CENTER BLVD SUITE 123 ALTAMONTE SPRINGS, FL 32714			
2. Principal Place of Business 1538 Grace Lake Circle Suite, Apt., etc.: _____		3. Mailing Address 1538 Grace Lake Circle Suite, Apt., etc.: _____		4. FEI Number 59-3695126	
City & State Longwood, FL Zip 32750		City & State Longwood, FL Zip 32750		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Country USA		Country U.S.A.		6. Name and Address of Current Registered Agent ODOM, DAVID M 1180 SPRING CENTER BLVD. SUITE 123 ALTAMONTE SPRINGS, FL 32714	
7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: 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: 		(NOTE: Registered Agent signature required when reinstating) 11/14/06			
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	Edom, David M. 1538 Grace Lake Circle Longwood, FL 32750	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	400081960874 11/20/06--01074--018 **\$750.00		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition		
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 violate 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 or 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		