

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 14 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000020317

1. Corporation Name

Blue Ribbon Appraisals, Inc.

2. Principal Office Address

6530 Olde Moat Wy.

Suite, Apt. #, etc.

N/A

City & State

Davie, Florida

Zip

33331

Country

USA

3. Mailing Office Address

6530 Olde Moat Wy.

Suite, Apt. #, etc.

N/A

City & State

Davie, Florida

Zip

33331

Country

USA.

4. Date Incorporated or Qualified  
To Do Business in Florida

02/23/01

5. FEI Number

65-1089275

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03**

7. Name and Address of Current Registered Agent

Name

Rachel Weekley

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

6530 Olde Moat Way

Suite, Apt. #, Etc.

N/A

City

Davie

State

FL

Zip Code

33331

200023771312  
10/14/03--01014--011 \*\*158.75

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

Rachel Weekley

REGISTERED AGENT MUST SIGN

Date 10/09/03

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
P	Rachel Weekley	6530 Olde Moat Way	Davie, Florida 33331

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: Rachel Weekley Rachel Weekley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/09/03 954-252-5940

Date

Daytime Phone #

CR2E081 (10/02)

21 10/15

**BLUE RIBBON APPRAISALS, INC.**

**6530 Olde Moat Way**

**Davie, FL. 33331**

**954.252.5940**

**Fax 954.252.5941**

To Whom it may concern,

I'm writing to you in hopes that you will waive the reinstatement fee on my corporation. I was shocked to discover that my corporation had been dissolved. I did not receive the annual report in the mail, and to be completely honest with you, I just changed accountants, and in the past my accountant had prepared these documents for me. I have enclosed the printout of my corporation, and also noted that the address listed with you was a prior address from 2 years ago. It's no wonder, why I did not get it. I will contact my new accountant and have him send the address change form immediately. Please waive the fee for this, I had no idea I had to send this in. I will never make this mistake again.

Thank You

Sincerely,

Rachel Weekley

Tax Id 65-1089275

Blue Ribbon Appraisals, Inc.

*Rachel Weekley*