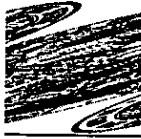


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Jul 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 28 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000098791

1. Corporation Name

New Era Appraiser, Inc.

100010975251

01/28/03--01020--016 **308.75

02-03 UBR

2. Principal Office Address

15924 SW 112 Terrace

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip
33196

Country
USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/09/01

5. FEI Number

65-11143065

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

Mr. Julio M. Nieto

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

15924 SW 112 Terrace

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33196

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

REGISTERED AGENT MUST SIGN

Date 1/24/03

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	Julio M. Nieto	15924 SW 112 Terrace	Miami, Florida 33196

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03

Date

305-300-6707

Daytime Phone #

20012

New Era Appraiser, Inc.

January 24, 2003

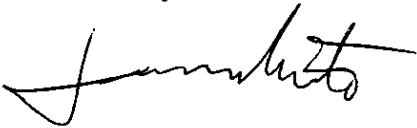
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Dear Representative:

Per my discussion with your office this morning, I was instructed by an examiner to place in written form that the Uniform Business Report notices were not received by my office. I wasn't aware of this renewal or fee for that matter since this is my first year in business.

I am providing the fee (\$300.00) for both years 2002 and 2003, your examiner requested me to send in with the Corporation Reinstatement form filled out. I would like to thank you in advance for your assistance and time.

Sincerely,



Julio M. Nieto
President