

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 10 PM 4:13

DOCUMENT # P01000109899

1. Corporation Name

SOUTHERN APPRAISAL CONSULTANTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100073257051
05/25/06--01044--017 **1058.75

2. Principal Office Address

12260 SW 8 STREET

3. Mailing Office Address

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33184

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/2001

5. FEI Number

01-0566757

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

ARMAS, JOSE R

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

1631 SW 138TH AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

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

4/28/06

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
PD	ARMAS, JOSE R	1631 SW 138TH AVENUE	MIAMI, FL 33175

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 contained in Chapter 119, 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

04/28/06

Date

Daytime Phone #