


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P01000110769**

1. Corporation Name

J.A.M. Appraisals, Inc

2. Principal Office Address

16111 W Course Drive

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33624

Country

USA

3. Mailing Office Address

16111 W Course Drive

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33624

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-20-2001

5. FEI Number

59-3757994

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

Jesse A. Martinez

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

16111 West Course Drive

Suite, Apt. #, Etc.

City

Tampa

State

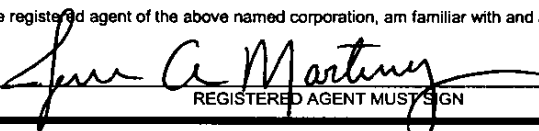
FL

Zip Code

33624

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 **3-28-06**

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
P	Jesse A. Martinez	16111 W. Course Drive	Tampa, FL 33624

500070812715
04/18/06--01043--002 **300.00

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:



Jesse A. Martinez

3-28-06 (813) 344-3369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #