PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP 29 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000116139

1. Corporation Name
ATLANTIC RESIDENTIAL APPRAISAL SERVICES, INC.

2. Principal Office Address	**3.** Mailing Office Address
2975 Bobcat Village Center Rd.	2975 Bobcat Village Center Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 300	Suite 300
City & State	City & State
North Port, FL	North Port, FL
Zip: 34288 Country: US	Zip: 34288 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 01/02/2002

5. FEI Number: 65-1158863 ☐ 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

400023405584
09/29/03--01099--006 **150.00

Name: DANIEL L. PREWETT

Street Address (P.O. Box Number is Not Acceptable): 5777 BENEVA ROAD SOUTH

Suite, Apt. #, Etc.:

City: SARASOTA State: FL Zip Code: 34233

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: Dan Prewett
REGISTERED AGENT MUST SIGN

Date: 9-24-03

CR2E081 (10/02)

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/S/T/D	BRADLEY L. OWEN	1793 DOOLEY AVENUE	NORTH PORT, FL 34288

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: Bradley L. Owen, Pres. 9-24-03 941-429-1744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATLANTIC RESIDENTIAL APPRAISAL SERVICES, INC.
2975 Bobcat Village Center Rd.
Suite 300
North Port, Florida 34288
(941) 429-1744

September 24, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Atlantic Residential Appraisal Services, Inc.
P001000116139

Dear Sir or Madam,

Please find the enclosed Annual Report for the above-referenced corporation. In late 2002, we changed locations and never received the renewal notice for tax year 2003.

Our accountant brought the administrative dissolution of our corporation to our attention while he was performing an audit on our records. There was no intentional disregard for our responsibility to file. Therefore, we respectfully request an abatement of all penalties and reinstatement of our corporation.

Thank you for your assistance in this matter. If you have any questions or concerns, please do not hesitate to call me.

Best regards,

Bradley L. Owen, President

Enclosure