

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 13 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02002009442

Corporation Name
White House Appraisals, Inc.

Principal Office Address
7685 SW 104th

Suite, Apt. #, etc.
200

City & State
Pinecrest

Zip
33156

Country
U.S.A.

Mailing Office Address
7685 SW 104th

Suite, Apt. #, etc.
Ste 200

City & State
Pinecrest

Zip
33156

Country
U.S.A.

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida 12802

5. FEI Number ☒ 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
George Leung
Street Address (P.O. Box Number is Not Acceptable)
7685 SW 104th
Suite, Apt. #, Etc.
Ste 200
City
Pinecrest

State
FL

Zip Code
33156

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 6/22/04

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
St. Cent. Appraiser	George Leung	7685 SW 104th Ste 200	Pinecrest, FL 33156

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07/13/04--01067--010 **308.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/22/04

Daytime Phone #

CR2E061 (3/104)

282

To whom it may concern:

I had an address change and I was not notified of any updates or changes.

Thank you,

George Levy