

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

APPROVAL
AND
FILED

03 OCT 13 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000022050**

1. Corporation Name

FIRST ORLANDO APPRAISAL, INC.

Principal Place of Business

Mailing Address

~~2950 GREENWOOD SPRINGS LOOP~~
LAKE MARY FL 32746

~~2950 GREENWOOD SPRINGS LOOP~~
LAKE MARY FL 32746



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
Lake Mary, FL

City & State
Lake Mary, FL

74-3031542

Not Applicable

Zip Country
32746 USA

Zip Country
32746 USA

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SCANLON, DANIEL P.	2950 GREENWOOD SPRINGS LOOP 445 Riseman Ct.	LAKE MARY FL 32746

500023778689
10/14/03--01010--026 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCANLON, DANIEL P.
~~2950 GREENWOOD SPRINGS LOOP~~
LAKE MARY FL 32746

Name
Daniel P. Scanlon
Street Address (P.O. Box Number is Not Acceptable)
445 Riseman Ct.
Suite, Apt. #, Etc.

City State Zip Code
Lake Mary FL 32746

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/7/03

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/7/03
Date

Daytime Phone #