

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000046917

1. Corporation Name

ANDERSON APPRAISAL SERVICES, INC.

Principal Place of Business

Mailing Address

250 PALM CIRCLE W STE 302
PEMBROKE PINES FL 33025

250 PALM CIRCLE W STE 302
PEMBROKE PINES FL 33025

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

04/22/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

04-3661006

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ANDERSON, BRUCE D JR	250 PALM CIRCLE W STE 302	PEMBROKE PINES FL 33025

700023867157
10/17/03-01005-001 **750.00

8. Name and Address of Current Registered Agent

ANDERSON, JILL
7951 SW 6 STREET STE 116
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name J. H. Anderson, Esq
Street Address (P.O. Box Number is Not Acceptable)
15855 SW 12 Street
Suite, Apt. #, Etc.
City Pembroke Pines
State FL Zip Code 33027

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]
REGISTERED AGENT MUST SIGN

Date 10/13/03

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/03 (954) 430-2961

CR2E040 (7/03)