

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

03 NOV -7 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000052629

1. Corporation Name

DOUGLAS & ASSOCIATES APPRAISAL GROUP, INC.

Principal Place of Business

Mailing Address

1035 S SEMORAN BLVD  
SUITE 1049  
WINTER PARK FL 32792

1035 S SEMORAN BLVD  
SUITE 1049  
WINTER PARK FL 32792



REINSTATEMENT 03

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

05/13/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

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
P	DOUGLAS, ROBERT	1488 CANDLEWOOD DR 6331 Autumn Chase Ln.	ORLANDO FL 32807 Orlando, FL 32818

MR. Robert Douglas, Director	6331 Autumn Chase Ln.	Orlando, FL 32818
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOUGLAS, ROBERT  
1488 CANDLEWOOD DR  
ORLANDO FL 32807

Douglas, Robert  
6331 Autumn Chase Ln.  
Orlando, FL 32818

Name: Robert Douglas  
Street Address (P.O. Box Number is Not Acceptable): 6331 Autumn Chase Ln.  
Suite, Apt. #, Etc.:  
City: Orlando  
State: FL  
Zip Code: 32818

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 10/14/03

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.

Robert Douglas

SIGNATURE:

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

Date 10/14/03 Daytime Phone #

CR2040 (7/03)

# DOUGLAS & ASSOCIATES APPRAISAL GROUP

Division of Corporations  
Annual Report/reinstatement section  
PO BOX 6327

October 14, 2003

To Whom It May Concern:

We failed to receive any type of document in the mail that indicated we needed to make any further payment past the \$150.00 that was sent in June. Enclosed is a check for the remainder of payment in the amount of \$400.00. I apologize for any inconvenience.

Sincerely,

*Nicole M. Royer-Douglas*

Nicole Royer-Douglas

