

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000096214

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** ROPER RESIDENTIAL APPRAISAL SERVICE, INC.

**Current Principal Place of Business:**

500 SOUTH CYPRESS ROAD  
POMPAÑO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

500 SOUTH CYPRESS ROAD  
POMPAÑO BEACH, FL 33060

**New Mailing Address:**

**FEI Number:** 30-0121505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROPER, PATRICIA D  
500 SOUTH CYPRESS ROAD  
POMPAÑO BEACH, FL 33060 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** PATRICIA D ROPER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** ROPER, PATRICIA  
**Address:** 500 S CYPRESS RD  
**City-St-Zip:** POMPAÑO BEACH, FL 33060

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** PATRICIA D ROPER

PD

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date