

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 24 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PO2000108441
PRONTO APPRAISAL, INC

REINSTATEMENT 03-06

GP

2. Principal Office Address

14983 SW 63 ST

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33193

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

33193

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

10-8-02

5. FEI Number

55-0800825

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

EDUARDO TORRES

Street Address (P.O. Box Number is Not Acceptable)

14983 SW 63 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33193

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

E. Torres

REGISTERED AGENT MUST SIGN

Date 08-21-06

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
P	EDUARDO TORRES	14983 SW 63 STREET	MIAMI, FL 33193
VP	IVONNE TORRES	14983 SW 63 STREET	MIAMI, FL 33193

200079212507
08/29/06--01015--002 **1200.00

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:

E. Torres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-21-06

Date

Daytime Phone #

CR2E081 (9/00)