

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000109762

1. Entity Name

ALL AMERICAN APPRAISALS, INC.



FILED

04 OCT 27 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

637 E LINCOLN AVE
MELBOURNE, FL 32901

Mailing Address

637 E LINCOLN AVE
MELBOURNE, FL 32901

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

10272004

REIN-P

CR2E098 (6/04)

4. FEI Number

APPLIED FOR

59-3865546

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SELIG, MARY I
637 E LINCOLN AVE
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SELIG, MARY I
637 E LINCOLN AVE
MELBOURNE, FL 32901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DESCHACHT, CHRIS G
637 E LINCOLN AVE
MELBOURNE, FL 32901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

600042322986
10/29/04--01091--015 **150.00

10/27/04
221956-8998