

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -9 AM 8:00

REINSTATEMENT 04



DOCUMENT # P03000032888 1. Entity Name ENR APPRAISAL GROUP INC.																													
Principal Place of Business 950 S. PINE ISLAND RD., STE. 1033 PLANTATION, FL 33124			Mailing Address 950 S. PINE ISLAND RD., STE. 1033 PLANTATION, FL 33124																										
2. Principal Place of Business 13790 NW 4 Street Suite, Apt. #, etc. Suite 112 City & State Sunrise FL Zip 33325 Country USA		3. Mailing Address 13790 NW 4 Street Suite, Apt. #, etc. Suite 112 City & State Sunrise FL Zip 33325 Country USA																											
4. FEI Number 37-1460387			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			10282004 REIN-P CR2E098 (6/04) <i>MRS</i>																										
6. Name and Address of Current Registered Agent MANELLA, ROSS H 2237 N. COMMERCE PKWY. WESTON, FL 33326			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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>11/01/04</i>																													
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.																										
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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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: <i>11/01/04</i> Daytime Phone #																													