

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 MAY 19 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000071330 1. Entity Name RESIDENTIAL REAL ESTATE APPRAISAL COMPANY					
Principal Place of Business 2030 SOUTH OCEAN DRIVE #724 HALLANDALE, FL 33009			Mailing Address 2030 SOUTH OCEAN DRIVE #724 HALLANDALE, FL 33009		
2. Principal Place of Business - No P.O. Box # 8481 SW 147 TERRACE		3. Mailing Address 8481 SW 147 TERRACE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State PALMETTO BAY, FL		City & State PALMETTO BAY, FL		4. FEI Number 11-3696909	
Zip 33158		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GLASS, LESLIE M 2030 SOUTH OCEAN DR #724 HALLANDALE, FL 33009			7. Name and Address of New Registered Agent Name GLASS, LESLIE M. Street Address (P.O. Box Number is Not Acceptable) 8481 SW 147 TERRACE City PALMETTO BAY FL Zip Code 33158		
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 X <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE 5/12/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete GLASS, LESLIE M 2030 SOUTH OCEAN DR #724 HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GLASS, LESLIE M 8481 SW 147 TERRACE PALMETTO BAY, FL 33158	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 5/12/08 <small>Date Daytime Phone #</small>		

REINSTATEMENT 07-08