## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## FILED DOCUMENT # P03000079132 R & V APPRAISALS INC. 2007 MAY 24 AM 10: 19 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 2209 SE 23 ROAD 9621 W CALUSA CLUB DRIVE HOMESTEAD, FL 33035 MIAMI, FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 835/5W 2749UC SAME Suite, Apt. #, etc. CR2E098 (1/07) 05222007 REIN-P City & State City & State 4. FE! Number Applied For 20-0096887 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JUNCO, RUDY 83515W.Z7 LANE. Street Address (P.O. Box Number is Not Acceptable) 2209 S.E. 23 RD HOMESTEAD, FL 33035 HIANI, F). 33155 Zip Code FL 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. <u>u</u>dh Junco SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PS TITLE ☐ Delete TITLE ☐ Addition JUNCO, RUDY NAME NAME 83515W Z7ZANE 05/24/07--01058--007 \*\*300.00 STREET ADDRESS STREET ADDRESS 2200 SE 23 RD HOMESTEAD, FL 33035- HIANI, Fl. 33/50 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CCTY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #