


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 18 AM 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000088463	
1. Entity Name HINES & ASSOCIATES APPRAISALS INC.	

Principal Place of Business 3600 S. STATE ROAD 7 STE 351 MIRAMAR, FL 33023 US	Mailing Address 3600 S. STATE ROAD 7 STE 351 MIRAMAR, FL 33023 US
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2. Principal Place of Business 3600 S STATE RD. 7 Suite, Apt. #, etc. 351	3. Mailing Address 3600 S STATE RD. 7 Suite, Apt. #, etc. 351
City & State MIRAMAR FL.	City & State MIRAMAR FL.
Zip 33023	Country USA

12-406 01050 010 \$758.75	
12132006 REIN-P	CP25000 11/05
REINSTATEMENT	
4. Fee Number 06-1704825	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN RD SUITE 400 MIAMI BEACH, FL 33139	7. Name and Address of New Registered Agent Name: PROFESSIONAL ACCOUNTING & TAX SERV INC Street Address (P.O. Box Number is Not Acceptable) 3600 SOUTH STATE RD 7 Suite 1 City: MIRAMAR FL Zip Code: 33023
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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: <u>MARLENE JACKER</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES HINES, HAROLD P 3600 S. STATE ROAD 7 MIRAMAR, FL 33023 <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	TREA HINES, ANDRE P 3600 S. STATE ROAD 7 MIRAMAR, FL 33023 <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	SECR HINES, NATALIE L 3600 S. STATE ROAD 7 MIRAMAR, FL 33023 <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
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: <u>HAROLD R. HINES</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>11/20/2006</u> Daytime Phone #: <u>954-983-9163</u>

B. Mitchell DEC 18 2006