2004 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE: \_

## SECRETARY OF STATE DIVISION OF CORPORATIONS 04 DEC 20 AM 8: 00

Daytime Phone #

DOCUMENT # P03000090099  1. Entity Name KARILEE APPRAISALS, INC.				O4 DEC 20 AM 8: 00  REINSTATEMENT
Principal Place 3658 CAMBR THE VILLAGE		Mailing Address 3658 CAMBRIA CIRCLE THE VILLAGES, FL 32162	•	REINSTATEMENT 04
2176 W Suite, Apt.		3. Mailing Address 2176 Willow ( Suite, Apt. #, etc.	Grove W	12102004 REIN-P CR2E098 (6/04) MC
Zip	11ages, FL Country USA 6. Name and Address of Current R	-32162 us	ountry	4. FEI Number Applied For 37-1473789 Not Applied For Not Applicable  -5. Certificate of Status Desired - \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent
LEE, KATHLEEN  3658 CAMBRIA CIRCLE THE VILLAGES, FL 32162  Name Lee, Kathleen Street Address (P.O. Box Number is Not Acceptable) 2176 Willow Grove Way  City				
Signature your or prized name of registered agent and title 4 applicable.  City The Villages  FL   Zip Code 2   2162  2162  Signature your prized agent.  Signature your or prized name of registered agent and title 4 applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE				
After Jan	E NOW!!! FEE IS \$750.00 luary 1, 2005, Fee will be \$900.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PSTD LEE, RICHARD H 3658 CAMBRIA CIRCLE THE VILLAGES, FL 32162	☐ Delete		PSTD Change Addition Lee, Richard H 2176 Willow Grove Way The Villages, FL 32162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, KATHLEEN 3658 CAMBRIA CIRCLE THE VILLAGES, FL 32162		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Change Addition Lee, Kathleen 2176 Willow Grove Way The Villages, FL 32162
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE  NAME  STREET ADDRESS  CITY-ST-ZP;	50004353354**** Accition 12720/04-01062-015 ***750.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP	_		TITLE • NAME STREET ADDRESS CITY-ST-ZiP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		_ 33,5,5	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filling 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.				