


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | 05 OCT 17 PM 1:00 TALLAHASSEE, FLORIDA | |
|---|-----------------------------------|---|--|---|--|
| DOCUMENT # P03000122650 | | | | | |
| 1. Corporation Name APPRAISALS AND REAL ESTATE CONSULTING, INC. <i>corp</i> | | | | | |
| 205-45587 | | | | | |
| 2. Principal Office Address 1800 COLLINS AVENUE Suite, Apt. #, etc. 5D City & State MIAMI BEACH, FL Zip 33139 | | 3. Mailing Office Address 1800 COLLINS AVENUE Suite, Apt. #, etc. 5D City & State MIAMI BEACH, FL Zip 33139 | | 4. Date Incorporated or Qualified To Do Business in Florida 10/30/2003 | |
| | | | | 5. FEI Number 20-0359804 | |
| | | | | Applied For Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |
| 7. Name and Address of Current Registered Agent | | | | | |
| Name LIA J. MEDINA | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 1800 COLLINS AVENUE | | | | | |
| Suite, Apt. #, Etc. STE 5D | | | | | |
| City MIAMI BEACH | | | | | |
| 400060190184 10/03/05 State FL 02800-010 ***308.75 | | | | | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent <i>[Signature]</i> Date 10/12/2005 REGISTERED AGENT MUST SIGN | | | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | |
| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | | City / State / Zip | |
| PDS | LIA J. MEDINA | 1800 COLLINS AV. #5D | | MIAMI BEACH, FL 33139 | |
| VD | AIDA F. BORGES | 1800 COLLINS AV. #5D | | MIAMI BEACH, FL 33139 | |
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| 10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. | | | | | |
| SIGNATURE: <i>[Signature]</i> Aida F. Borges SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 10/12/2005 786222335 Date Daytime Phone # | | | | | |

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September 7, 2005

Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, Florida 32314-6198

Re: Annual Report Payment
Appraisals and Real Estate Consulting, Inc.
1800 Collins Avenue, Ste # 5D
Miami Beach, Florida 33139
Tax ID# 20-0359804
Document # P03000122650

This letter serves as a formal request to reactivate the above referenced corporation. I am enclosing a payment in the amount of \$300.00 which represents the annual fee for the year 2004 and 2005 and a Corporation reinstatement form. I apologize for the failure to notice that payment had not been made. However, our offices relocated and we did not receive any correspondence regarding this matter. Therefore, I would like to request your office to waive any penalties incurred.

Should you require additional information or have any questions, please call our office.

Thank you for your prompt attention to this matter.



Aida F. Borges
Vice President
Appraisals and Real Estate Consulting, Inc.