

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

PO40000047465
JARVIS ASSOCIATES APPRAISER CONSULTANTS
INC.

FILED

10 NOV 17 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2010

600187105456
10/26/10--01039--002 **150.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

18505 GRAND CLUB

Suite, Apt. #, etc

3. Mailing Office Address

18505 GRAND CLUB

Suite, Apt. #, etc

City & State

HUDSON FLORIDA

City & State

HUDSON FLORIDA

Zip

34667

Country

FLA

Zip

34667

Country

FLA

4. Date Incorporated or Qualified
To Do Business in Florida

3-16-2004

5. FEI Number

20-0876970

☐ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

Robert Jarvis

Street Address (P.O. Box Number is Not Acceptable)

18505 GRAND CLUB

Suite, Apt. #, Etc.

City

HUDSON

State

FL

Zip Code

34667

600187105456

11/05/10--01040--001 **500.00

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

Robert Jarvis

REGISTERED AGENT MUST SIGN

Date

11/10/2010

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
D	ROBERT JARVIS	18505 GRAND CLUB -	HUDSON FL 34667
D	CHRIS JARVIS	18505 GRAND CLUB	HUDSON FL 34667
D	JOYCE JARVIS	18505 GRAND CLUB	HUDSON FL 34667

10. E-mail Address: RJARVISA@MAIL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

Robert Jarvis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/20/2010

Daytime Phone #