

P2182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000094693

1. Corporation Name

ACCU_TEAM APPRAISALS, INC.

2. Principal Office Address

642 NE 203 LANE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33179

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

20-1276481

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

700066370487
02/22/06--01020--010 **150.00

FILED
06 FEB 16 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

MFR & ASSOCIATES, LLC

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

220 71 STREET

Suite, Apt. #, Etc.

SUITE 209

City

MIAMI

State

FL

Zip Code

33141

REINSTATEMENT 05-06
T. Roberts FEB 20 2006

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/10/06

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
P	JAIME S. VELASQUEZ	642 NE 203 LANE	MIAMI FL 33179
			700066370487 02/22/06--01020--011 **150.00

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 contained in Chapter 119, 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:

JAIME VELASQUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/10/06

Daytime Phone #

NATP MEMBER

MFR & Associates

AICPA MEMBER

ACCOUNTANTS & CONSULTANTS

220 71ST STREET SUITE 209
MIAMI BEACH, FL 33141

TELEPHONE: (305) 864-7706
FACSIMILE: (305) 864-7960

February 11, 2006

FL Dept. of State
Fl. Div. Of Corp.

RE: ACCU-TEAM APPRAISALS, INC.
Doc # P04000094693

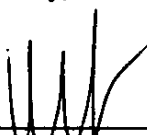
Dear Sir or Madam:

I am writing to you on behalf of ACCU-TEAM APPRAISALS INC. to request a waiver of penalties associated with the reinstatement of this corporation. This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State.

Enclosed please find a copy of the form for the year 2005 & 2006, we obtained from the internet and a check for \$300.00. The company has made a good faith effort to meet the state's filing requirements.

I thank you in advance for your help,

Sincerely,



Manuel Fernandez
Tax Advisor