

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P04000094974**

1. Entity Name  
**LOCKETT & ASSOCIATES APPRAISAL SERVICES, INC.**



**FILED**  
08 NOV 20 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**5336 SPECTACULAR BID DRIVE  
WESLEY CHAPEL, FL 33544 US**

Mailing Address  
**5336 SPECTACULAR BID DRIVE  
WESLEY CHAPEL, FL 33544 US**

2. Principal Place of Business - No P.O. Box #  
**5336 Spectacular Bid Dr**

3. Mailing Address  
**5336 Spectacular Bid Dr**

Suite, Apt. #, etc.

City & State  
**Wesley Chapel, FL**

City & State  
**Wesley Chapel, FL**

Zip  
**33544**

Country  
**USA**



11172008 REIN-P CR2E098 (1/07)

4. FEI Number  
**20-1271844**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOCKETT, ROBIN L  
5336 SPECTACULAR BID DRIVE  
WESLEY CHAPEL, FL 33544**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 **[Signature]** DATE **11-15-2008**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2009, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LOCKETT, ROBIN L</b>		NAME	
STREET ADDRESS <b>5336 SPECTACULAR BID DRIVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>WESLEY CHAPEL, FL 33544</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **[Signature]** DATE **11-15-2008** DAYTIME PHONE # **813-310-0753**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR