

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 JUN 26 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO 40001 25938**

1. Corporation Name

Real Estate Appraisal Depot

900104938819
06/27/07--01050--011 **458.75

REINSTATEMENT

05-07

CR2E081 (1/07)

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

9955 SW 218 Terrace PO Box 972341

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

Country

33190 Dade

Zip

Country

33197 Dade

4. Date Incorporated or Qualified
To Do Business in Florida

9-1-2004

5. FEI Number

76-0772038

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

Joe White (Director)

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

9955 SW 218 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33190

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Joe White

REGISTERED AGENT MUST SIGN

Date **5-21-07**

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
2006 Director	Joe White	9955 SW 218 Terrace	Miami FL 33190
2005 "	"	"	"
2007 "	"	"	"

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:

Joe White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-07

Date

Daytime Phone #

786-357-3414

call 786-357-3414

1/27/08