2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000142098

Entity Name: APPRAISAL WORKS UNLIMITED, INC.

FILED Oct 18, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

1309 WOODS EDGE COURT 10850 ARROWTREE BLVD MINNEOLA, FL 34715 CLERMONT, FL 34715

Current Mailing Address: New Mailing Address:

1309 WOODS EDGE COURT 10850 ARROWTREE BLVD MINNEOLA, FL 34715 CLERMONT, FL 34715

FEI Number: 20-1755557 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

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.

SIGNATURE: DAN R.LEAKE

Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

PTD () Delete Title: PTD (X) Change () Addition

 Name:
 LEAKE, DAN R

 Address:
 1309 WOODS EDGE COURT

 City-St-Zip:
 MINNEOLA, FL 34715

 Name:
 LEAKE, DAN R PRES

 Address:
 10850 ARROWTREE BLVD

 City-St-Zip:
 LERMONT, FL 34715

Title: VS () Delete Title: VS (X) Change () Addition

 Name:
 WRIGHT, WILLIAM M
 Name:
 WRIGHT, WILLIAM M

 Address:
 1309 WOODS EDGE COURT
 Address:
 10850 ARROWTREE BLVD

 City-St-Zip:
 MINNEOLA, FL 34715
 City-St-Zip:
 CLERMONT, FL 34715

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAN R LEAKE PRES 10/18/2005