

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 FEB -6 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01232008 REIN-P CR2E098 (1/07) 07-08

DOCUMENT # P04000143625 1. Entity Name BRYANT L. HYDE INVESTMENT APPRAISERS, INC.					
Principal Place of Business 1010 5TH AVE S SUITE 306 NAPLES, FL 34102			Mailing Address 1010 5TH AVE S SUITE 306 NAPLES, FL 34102		
2. Principal Place of Business - No P.O. Box # 1381 5TH AVE N Suite, Apt. #, etc.		3. Mailing Address 1381 5TH AVE N Suite, Apt. #, etc.			
City & State NAPLES, FL		City & State NAPLES, FL		4. FEIN Number 20-1736837	
Zip 34102		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HYDE, BRYANT L 425 ROBINHOOD CR #202 NAPLES, FL 34104				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1381 5TH AVE N City NAPLES FL Zip Code 34102	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP	D HYDE, BRYANT L 425 ROBINHOOD CR #202 NAPLES, FL 34104 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1381 5TH AVE N NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900117240294 02/06/08--01012--017 ***300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>2-4-08</u> Daytime Phone # _____		