

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 MAR 12 PM 3: 16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # P05000001795**

1. Entity Name  
**APPRAISE IT ALL BY DEBORAH HALL & ASSOCIATES - INC.**



Principal Place of Business  
**10321 HUCKLEBERRY DR  
PORT RICHEY, FL 34668 US**

Mailing Address  
**10321 HUCKLEBERRY DR  
PORT RICHEY, FL 34668 US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

10232006 REIN-P CR2E098 (11/05)

4. FEI Number  
**20-2120070**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**HALL, DEBORAH M  
10321 HUCKLEBERRY DR  
PORT RICHEY, FL 34668**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, 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 NAME STREET ADDRESS CITY-ST-ZIP	P HALL, DEBORAH M 10321 HUCKLEBERRY DR PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100083397631 01/05/07--01043--006 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALL, DEBORAH M 10321 HUCKLEBERRY DR PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600095810386 04/04/07--01044--016 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALL, DEBORAH M 10321 HUCKLEBERRY DR PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Daytime Phone #

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