2006 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # P05000036956** MAGNUM PROPERTY APPRAISAL SERVICE, INC. 06 NOV 13 AM 11:50 Principal Place of Business Mailing Address 13101 MEMORIAL HWY 13101 MEMORIAL HWY 108 108 MIAMI, FL 33161 MIAMI, FL 33161 2. Principal Place of Business 3. Mailing Address Above S Ame Suite, Apt. #, etc Suite, Apt. #. etc 10272006 REIN-P CR2E098 (11/05) ramas Applied For City & State 4. FEI Number \circ 2 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Louis LOUIS, ROLAND Street Address (P.O. Box Number 13101 MEMORIAL HWY 108 MIAMI, FL 33161 Zip.Cod 33027 1. ramas 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 regist SIGNATURE_ ed agent and title if applicable. Signature, typed or printed name of regis (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition TIRE Delete LOUIS, ROLAND STREET ADDRESS 13101 MEMORIAL HWY #108 STREET ADDRESS MIAMI, FL 33161 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Сћалде ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Detete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the intermation supplied with his 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 eath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an att