

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000046418

1. Entity Name
APPRAISALEND, CORP.



SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 27 PM 2:29

Principal Place of Business

3301 NE 5 AVENUE
312
MIAMI, FL 33137 US

Mailing Address

3301 NE 5 AVENUE
312
MIAMI, FL 33137 US

REINSTATEMENT 06



2. Principal Place of Business

777 NE 62nd Street

Suite, Apt. #, etc.

C514

City & State

Miami, FL

Zip
33138

Country
US

3. Mailing Address

777 NE 62nd Street

Suite, Apt. #, etc.

C514

City & State

Miami, FL

Zip
33138

Country
US

09212006 REIN-P CR2E098 (11/05)

4. FEI Number

20-2582268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, CLAUDIA
3301 NE 5 AVENUE
312
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name
Perez, Claudia

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

777 NE 62nd Street, No. C514

City
Miami

FL Zip Code
33138

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/21/06

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PEREZ, CLAUDIA
3301 NE 5 AVENUE, NO.312
MIAMI, FL 33137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
777 NE 62 Street, No. C514
Miami, FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200080219152
09/27/06--01037--011 ***150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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

9/21/06 (784) 273-6855

Date

Daytime Phone #