

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAY 12 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P05000114118**

1. Corporation Name

One Appraisal Avenue, Inc.

W10-18613

600176013496  
04/15/10--01041--009 \*\*300.00

**REINSTATEMENT 08-10**

2. Principal Office Address - No P.O. Box #

1360 Sanibel Lane

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Merritt Island, Fl.

City & State

Zip

32952

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/16/2005

5. FEI Number  
203570673

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Christopher D. Brown

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

1360 Sanibel Lane

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32952

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Christopher D. Brown*  
REGISTERED AGENT MUST SIGN

Date 04/13/2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Christopher D. Brown	1360 sanibel Lane	Merritt Island, Fl. 32952

600176013496  
05/12/10-01037-021 \*\*150.00

10. E-mail Address: cbontime@yahoo.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Christopher D. Brown* CHRISTOPHER D. BROWN

04/13/2010 3214122469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

\* DISSOLVED: 09/26/2008 REINSTATEMENT FEES FOR 2009+2010 = \$300.00 613