PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV -5 PM 3:21

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000080487

**1.** Corporation Name

FORTUNE APPRAISALS SOLUTION INC

| **2.** Principal Office Address - No P.O. Box # | | **3.** Mailing Office Address | |
|---|---|---|---|
| 8045 NW 36 STREET | | 8045 NW 36 STREET | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| SUITE 506A | | SUITE 506A | |
| City & State | | City & State | |
| DORAL, FLORIDA | | DORAL, FLORIDA | |
| Zip | Country | Zip | Country |
| 33166 | USA | 33166 | USA |

CR2E081 (10/08)

**4.** Date Incorporated or Qualified To Do Business In Florida 06/12/2006

**5.** FEI Number 20-5033077 ☑ 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
ENRIQUE TAWACHI

Street Address (P.O. Box Number is Not Acceptable)
8045 NW 36 STREET

Suite, Apt. #, Etc.
SUITE 506A

| City | State | Zip Code |
|---|---|---|
| DORAL | FL | 33166 |

☑ 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 _____ Date 11-1-2008

REGISTERED AGENT MUST SIGN

**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 |
|---|---|---|---|
| PD | ENRIQUE TAWACHI | 8045 NW 36 ST - SUITE 506A | DORAL, FLORIDA 33166 |
| | | | |
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~~11/05/08--01040--007 **300.00~~

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11/05/08--01040--007 **300.00

**10.** 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:** _____ ENRIQUE TAWACHI 11-1-2008 786-472-9501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T. Roberts NOV 10 2008