

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000070727

1. Corporation Name

Broward Appraisals, Inc.

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

11221 SW 56 Ct

Suite, Apt. #, etc.

City & State

Cooper City, FL

Zip

33330

Country

USA

3. Mailing Office Address

11221 SW 56 Ct

Suite, Apt. #, etc.

City & State

Cooper City FL

Zip

33330

Country

USA

7. Name and Address of Current Registered Agent

Name

David Mantz

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

11221 SW 56 Ct

Suite, Apt. #, Etc.

City

Cooper City

State

FL

Zip Code

33330

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

David Mantz

REGISTERED AGENT MUST SIGN

Date 3-26-2010

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
P	David Mantz	11221 SW 56 Ct	Cooper City FL 33330

10. E-mail Address: dave.mantz@bellsouth.net

(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:

David Mantz

David Mantz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-2010

Date

954-680-3290

Daytime Phone #

FILED

10 APR -9 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100173685221
04/09/10--01034--024 **150.00

100173685221
03/30/10--01028--001 **150.00

REINSTATEMENT 09-10

4. Date Incorporated or Qualified
To Do Business in Florida

6-18-07

5. FEI Number

260375905

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.