

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000009282

**FILED**  
**Jul 11, 2011**  
**Secretary of State**

**Entity Name:** APPRAISAL SOLUTIONS OF NORTHWEST FLORIDA, INC

**Current Principal Place of Business:**

15 SLALOM WAY  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

347 SHORE DRIVE  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

15 SLALOM WAY  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

347 SHORE DRIVE  
MIRAMAR BEACH, FL 32550

**FEI Number:** 26-4163630

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ELLERSON, JAMES S  
15 SLALOM WAY  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

ELLERSON, JAMES S  
347 SHORE DRIVE  
MIRAMAR BEACH, FL 32550 US

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.

**SIGNATURE:** JAMES S ELLERSON

07/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ELLERSON, JAMES S  
**Address:** 347 SHORE DRIVE  
**City-St-Zip:** MIRAMAR BEACH, FL 32550

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JAMES S ELLERSON

P

07/11/2011

Electronic Signature of Signing Officer or Director

Date