

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -8 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000001284

1. Corporation Name

A.C.M. APPRAISAL SERVICES, INC.

Principal Place of Business

1904 SO MACDILL AVE
TAMPA FL 33629
US

Mailing Address

~~4810 W DRYAD ST
TAMPA FL 33629~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

~~1904 So. MacDill Ave.~~

~~Tampa, FL~~
33629 US

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1993

5. FEI Number

59-3160023

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	MYARA, ANNIE C	4810 W DRYAD ST	TAMPA FL 33629

000009955630
01/08/03--01007--012 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MYARA, ANNIE C

~~4810 W DRYAD ST~~
TAMPA FL 33629

1904 So. MacDill Avenue

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

12/9/2002

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGNATURE REQUIRED
MYARA, ANNIE C

Date

Daytime Phone #

12/9/2002 (813) 258-8770

CR2E040 (8/02)

ACM APPRAISAL SERVICES, INC.
Real Property Appraisals

ANNIE C. MYARA
St. Cert. Res. REA
RD 0000818

December 9, 2002

To Whom It May Concern:

Please be advised that I did not receive
the renewal notice for 2002 - Enclosed
please find a check for \$150.00 & all
required information - Thank you for
waiving the late fee - Also, please note
the new mailing address:
1904 South MacDill Avenue
Tampa, FL 33629

Sincerely,
Annie C. Myara

DRUDY & ASSOCIATES, INC.

POST OFFICE BOX 18586
TAMPA, FLORIDA 33679
(813) 877-4595
FAX (813) 871-3310

January 6, 2003

Division of Corporations
Annual Report. ~~_____~~
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: ACM Appraisal Services, Inc.
P93000001284

Gentlemen:

Enclosed please find a check in the amount of \$150.00 plus a letter from the officer of the corporation regarding reinstatement of the corporation for 2002.

We are sorry for the delay in sending this material to you. The letter from our client was included in the accounting information that was received in our office. We just realized today that this was never processed by our office to be mailed to you.

This taxpayer had filed the reinstatement promptly when they received your letter of dissolution. The filing by our office held up this process.

Please process this application as soon as possible.

Sincerely,


Denise Drudy