

94-98

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 98 JUL -7 PM 2:13

DOCUMENT # P 93000066766

1. Corporation Name

**APPRAISAL SOLUTIONS OF SOUTH FLORIDA CORP.**

Principal Place of Business Mailing Address  
 10540 N.W. 26th Street Suite G-107  
 Miami, Florida 33172

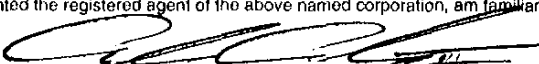
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 09/20/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0496511	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	ANDRES AMOEDO 111	410 S.W. 133rd Ave.	Miami, FL 33184
			100002582071--2 -07/08/98--01001--001 ****950.00 ****915.00
			proper notice not received SP 2/7/98

8. Name and Address of Current Registered Agent Andres Amoedo 410 S.W. 133rd Ave. Miami, FL 33184		9. Name and Address of New Registered Agent Name ANDRES AMOEDO 111 Street Address (P.O. Box Number is Not Acceptable) 410 S.W. 133rd Ave. Suite, Apt. #, Etc. City Miami, FL State FL Zip Code 33184	
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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.

Signature of Registered Agent  Date June 29, 1998

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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  Andres Amoedo 111, Pres. 06/29/98 (305) 470-2944

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

CR2E040 (1/98)