## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

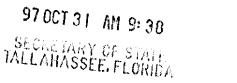
Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P93000074825

1. Corporation Name

RELIANCE APPRAISALS INC.



FILED

Principal Place of Business Malling Address						1 (88)(88) 111	. ( <b>8:0.6</b> (10): <b>0.6</b> (0. <b>6 (1</b> )): <b>0.6</b> (0.1)	BB111 18611 GERGI 1811	8 118 81 8112 18 81
155 OCEAN LANE DR. 155 OCEAN				ane dr.					
#215 #215			#215						
KEY BISCAYNE FL 33149 KEY BISCAY			√E FL 33149					1	
									_111
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						NSTA"	TABAT	47	3811/3
New Principal Office Address, If Applicable 3. New Maili				ng Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc. Suite, Apt. #,				etc.		TO DO BUSIN	ess in Florida	10/22/18	,,,
Suite, Apr. #, 610.			5. FEI Number 65-0452878				Applied For		
City & State City &			City & State	State		05-0452676			Not Applicable
					6.		00.75	* '	
Zip		Country	Zip Country		CERTIFIC		CATE OF STATUS DESIRED (\$8.75) Additional Fee regul		ticate of Status
		<u> </u>	<u>.l</u>						
7. Names	and Street Ad	fdresses of Each Officer and	/or Director (Flo	rlda nonprofit corpora	tions must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors  2  MUELLE, MIGUEL			Street Address of Eacl Officer and/or Directo 3 (Do NOT Use Post Office Box I 155 OCEAN LANE DR. #215		City / State / Zip			
D						•	KEY BISCAYNE FL 33149		
_									
				133700.W 131 st, #110			14:		
				13370 B.V	/ 131 <i>s</i> t	,#110 Miami, F		. FL : 3	3186
,	<b></b>				J	1 11		1	<del></del>
							: 		
	<b></b>						0000233 -11/04/97	<u> Singi</u>	5
							****750.	(3) ****	750.00
	1								
8. Name and Address of Current Registered Age				t 9. Name and A			Address of New Registered Agent		
					Name				
MUELLE, MIGUEL									
155 OCEAN LANE DR.					Street Address (P.O. Box Number is Not Acceptable)				[2]
<b>#215</b>				Suite, Apt. #, Etc.					
KEY BISCAYNE FL 33149					διίιο, Αρί. π, Είσ.				
\ \ \ \ \ \					City			State Zip Co	de
		$\Lambda I$	(V/) / /)		,			<b>FL</b>	
10. I, bein	g appointed th	ne registered agent of the ab	oye hamed cop	aton, am familiar wi	th and accept the of	oligations of Secti	on 607.0505, F.S.		
Cianatura	~ <i>t</i>		1417 L <i>V</i>	11				1001	ינים
Signature Registered	Agent	W/X	MAL.	//			Date	128/9	·/
			EGISTERNA AC	ENT MUST SIGN				/	1
11. This corporation owes or has paid the current year (See other side for Information									
Intangible Personal Property tax due June 30. Yes No									
ını	arigible	reisonal Froper	ty tax que	Julie 30.	162	140 82			
	44 . 1. 1.	<i>**</i>			16.t		-1007047 50 1	di mala ana ara-adidi i di-	-1
12. I certify this reli	/ (nat i <b>a</b> m an hstatement an	officer or director or the rece plication, the reason for disc	iver or trustee en olution has been	npowered to execute t veliminated, the coroo	inis application as p rate name satisfies	rovided for in cha the requirements	pter 507 or 617, F.S. I of section 607.0401 or	runner centily th	at when tiling , that all fees
owed b	y the corpora	tion have been bald and the	names of wind	uals listed on this forr	n do not qualify for	an exemption und	der section 119.07(3)(i)	, F.S. The infor	nation indicated
on this	application is	true and acquirate and my s	igneture shali ha	ve the same legal effe	ict as if made under	oath.			