

APPLICATION  
FOR

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000074825

1. Corporation Name

RELIANCE APPRAISALS INC.

Principal Place of Business

1450 MADRUGA AVE., STE. 201  
CORAL GABLES FL 33146  
US

Mailing Address

1450 MADRUGA AVE., STE. 201  
CORAL GABLES FL 33146  
US

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

2. New Principal Office Address, If Applicable

1450 MADRUGA AVE.

Suite, Apt. #, etc.

SUITE 201

City & State  
Coral Gables, FLZip Country  
33146 USA

3. New Mailing Office Address, If Applicable

1450 MADRUGA AVE.

Suite, Apt. #, etc.

SUITE 201

City & State  
Coral Gables, FLZip Country  
33146 USA4. Date Incorporated or Qualified  
To Do Business in Florida

10/22/1993

5. FEI Number

65-0452878

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MUELLE, MIGUEL	1450 MADRUGA AVE, #201	CORAL GABLES FL 33146

900008840579

11/06/02--01142--012 \*\*150.00

02 UBR 1178

8. Name and Address of Current Registered Agent

MUELLE, MIGUEL  
1450 MADRUGA AVE, #201  
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name

N/A

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

REGISTERED AGENT MUST SIGN

Date

11/1/02

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

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miguel Muelle 11/1/02 305-740-0690

Date

Daytime Phone #

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*RELIANCE APPRAISALS, INC.*

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1450 Mardruga Avenue, Suite 206  
Coral Gables, Florida 33146  
(305) 740-0690 . Facsimile (305) 740-0608

November 1, 2002

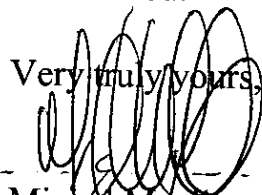
RE: FEI number: 65-0452878

To Whom It May Concern:

I am enclosing herewith my renewal / application for reinstatement with the Florida Department of State along with the \$150.00 fee. Please forgive me that you did not get this sooner, but I never received my original renewal.

If you have any questions or problems, you may contact me at the above numbers.  
Thank You.

Very truly yours,



Miguel Muelle  
Reliance Appraisals, Inc.