

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000074825**

1. Corporation Name

**RELIANCE APPRAISALS INC.**

Principal Place of Business

Mailing Address

1450 MADRUGA AVE., STE. 206  
CORAL GABLES FL 33146  
US

1450 MADRUGA AVE., STE. 206  
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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. 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

800023862438  
10/16/03--01085--002 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

REGISTERED AGENT MUST SIGN

Date

10/14/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miguel Muelle

Date

10/14/03

Daytime Phone #

305-740-0690

CR2E040 (7/03)

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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

October 14, 2003

Divisions of Corporations  
Annual Report/Reinstatement Section  
Post Office Box 6327  
Tallahassee, FL 32314-6327

RE: 65-0452878 / Document #P93000074825

To Whom It May Concern:

On Friday, October 10<sup>th</sup>, 2003, I received a notice in the mail from the Division of Corporations stating that my company, Reliance Appraisals, Inc., had been administratively dissolved. I then called the Secretary of State to ask why, when I had not received any previous notice as to filing forms. The response from your department was to send a letter explaining same, and that should rectify the matter.

If you have any questions or are in need of any further information, please do not hesitate contacting me. Thank You.

Very truly yours,

  
Miguel Muelle, P/D  
Reliance Appraisals, Inc.

MM/mvc