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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG -5 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000013799

1. Corporation Name
Austin Appraiser's, Inc.

297 Foxridge Road
297 Foxridge Road

2. Principal Office Address		**3.** Mailing Office Address	
297 Foxridge Road		297 Foxridge Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orange Park, Florida		City & State: Orange Park, Florida	
Zip: 32065	Country: USA	Zip: 32065	Country: USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified To Do Business in Florida 2/18/1994

5. FEI Number 59-3226732 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Scott A. Austin

400039901044
08/05/04--01015--002 **45.00

Street Address (P.O. Box Number is Not Acceptable): 297 Foxridge Road

Suite, Apt. #, Etc.

City: Orange Park | State: FL | Zip Code: 32065

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 8/2/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Scott A. Austin	297 Foxridge Road	Orange Park, Florida 32065

10. 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: _____ 8/2/04 904-509-8428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/2/2004

RE: 59-3226732

To whom it may concern,

It has recently come to my attention that my corporation is inactive with the Department of State. After reviewing you website I noticed that our change of address was not made for our mailing address, but only the Principal Address was changed. My principal and mailing address are the same. I never received the notice since it was sent to my invalid mailing address.

I respectfully request that my status be reinstated. Thelma suggested that I send this letter along with the attached form for reinstatement. A check for three years is also included.

Please call if you need any additional information.

Sincerely,

Scott A. Austin