PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

98-09AR

DOCUMENT # P94000073470

1. Corporation Name

FTS' REAL ESTATE APPRAISERS + CONSULTING, INC.

Principal Place of Business

8282 BERMUDA SOUND WAY
BOYNTON BEACH, FLORIDA 33436

Mailing Address

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

2. New Principal Office Address, If Applicable
8282 BERMUDA SOUND WAY
Suite, Apt. #, etc.
City & State: BOYNTON BEACH
Zip: 33436 Country: U.S.A.

3. New Mailing Office Address, If Applicable
8282 BERMUDA SOUND WAY
Suite, Apt. #, etc.
City & State: BOYNTON BEACH
Zip: 33436 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 1994

5. FEI Number: 065-056 0504 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES./ OWNER	FREDERICK T. Smith	8282 BERMUDA SOUND WAY	BOYNTON BEACH, FLORIDA 33436
		BOYNTON BEACH, FLA 33436	

700002766337--9
-02/05/99--01095--021
****308.75 ****308.75

1/26/99

8. Name and Address of Current Registered Agent

FRED T. Smith
8282 BERMUDA SOUND WAY
BOYNTON BEACH, FLA. 33436

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Not Acceptable)
Suite, Apt. #, Etc.
City
State: FL Zip Code

N/A

CR2E048 (12/98)

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
REGISTERED AGENT MUST SIGN

Date 1/2/99

11. This corporation owes 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/99
Date

(561) 732-3228
Daytime Phone #

1/21/99 (2)

TO WHOM IT MAY CONCERN:

IN REFERENCE TO MY REINSTATEMENT OF MY DISSOLVED S-CORP, I DID NOT RECEIVE MY 1998 ANNUAL CORPORATE PROFIT BILL/PACKAGE. EVIDENTLY, ACCORDING TO TREVOR IN YOUR OFFICE, THE BILL/PACKAGE WAS SENT TO MY OLD ADDRESS IN CORAL SPRINGS, FLORIDA. DUE TO THIS, I WAS NOT REMINDED TO PAY THE ANNUAL DUES. I APPOLOGIZE FOR THE DELAYED PAYMENT, HOWEVER IT WAS NOT INTENTIONAL. PLEASE WAIVE THE $900.00 REINSTATEMENT FEE AS I ASSURE YOU THAT I WILL REMEMBER TO PAY MY DUES ANNUALLY PRIOR TO THE MAY 1ST DEADLINE. THANK YOU FOR YOUR UNDERSTANDING. PLEASE CONTACT ME IF YOU HAVE ANY QUESTIONS AT (561) 732-3228.

SINCERELY,

Todd T. Smith