

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 9940000734700			
1. Corporation Name F.T.S. REAL ESTATE APPRAISERS + CONSULTING, INC.			
Principal Place of Business		Mailing Address	
8282 BERMUDA SOUND WAY		BOYNTON BEACH, FLORIDA 33436	
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.		3. New Mailing Office Address, If Applicable 8282 BERMUDA SOUND WAY Suite, Apt. #, etc.	
City & State BOYNTON BEACH		City & State BOYNTON BEACH	
Zip 33436		Zip 33436	
Country U.S.A.		Country U.S.A.	
4. Date Incorporated or Qualified To Do Business in Florida 1994		5. FEI Number 065-056 0504	
6. CERTIFICATE OF STATUS DESIRED ☒		Applied For ☐ Not Applicable \$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.)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES./ OWNER	FREDERICK T. SMITH	8282 BERMUDA SOUND WAY BOYNTON BEACH, FLA 33436	BOYNTON BEACH, FLORIDA 33436
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 is Not Acceptable) Suite, Apt. #, Etc. City N/A 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. Signature of Registered Agent [Signature] REGISTERED AGENT MUST SIGN		Date 1/21/99	
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)(d), 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1/21/99 Daytime Phone # (561) 732-3228	

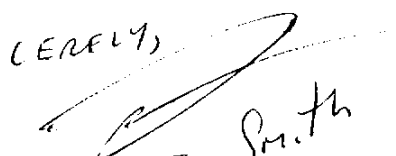
CR2E08 (12/98)

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 \$900⁰⁰ 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,


TREVOR T. SMITH