

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000093494

1. Corporation Name

APPRAISAL & DEVELOPMENT CONSULTANTS OF FLORIDA,
INC.

Principal Place of Business

1727 COACHMAN PLAZA DRIVE
SUITE 208
CLEARWATER FL 34615

Mailing Address

1727 COACHMAN PLAZA DRIVE
SUITE 208
CLEARWATER FL 34615

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1995

5. FEI Number

59-3285843

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)

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
P	WILLIES, MARK E	1727 COACHMAN PLAZA DRIVE, SUITE	CLEARWATER FL 34615 33579
			500002393265--5
			-01/07/98--01105--004
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

MARK E WILLIES

Street Address (P.O. Box Number is Not Acceptable)

1727 COACHMAN PLAZA DR

Suite, Apt. #, Etc.

208

City

CLEARWATER

State

FL

Zip Code

33579

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 12/30/97

11. This corporation owes or has paid 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/97

Date

813-796-8811

Daytime Phone #

FILED

97 DEC 31 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

008 07

CR2E040 (8/97)