

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000025425

1. Entity Name

AMA APPRAISAL SERVICES, INC.



FILED

04 MAR 16 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
10611 NE 10th. Court

Suite, Apt. #, etc.

3. Mailing Address  
The same

Suite, Apt. #, etc.

**REINSTATEMENT 96-04**

City & State  
Miami Shores, FL

City & State

4. FEI Number 65-0568528

Applied For  
Not Applicable

Zip  
33138

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name SPIEGEL & UTRERA, P.A.

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

1840 SW 22nd STREET 4th FLOOR

City MIAMI

FL

Zip Code 33145

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SPIEGEL & UTRERA, P.A.

SIGNATURE

Signature, Address, and Name of registered agent and title if applicable.

By: NATALIA UTRERA, Vice-President 3/9/04

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME ALIX ARMAND  
STREET ADDRESS 10611 NE 10 Court, Miami Shores, FL 33138  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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500030934865  
03/23/04-01078-007 \*\*1200.00

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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALIX ARMAND

11/12/2003

Date

Daytime Phone #

CR2E034B (12/02)

20x2

**AFFIDAVIT IN SUPPORT OF REQUEST TO  
WAIVE THE FLORIDA DEPARTMENT OF STATE  
CORPORATE REINSTATEMENT FEES**

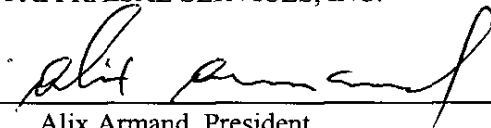
STATE OF FLORIDA       )  
                                      )  
COUNTY OF Dade)

1. Alix Armand is the President of AMA APPRAISAL SERVICES, INC., a Florida corporation, (hereinafter "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on August 23, 1996.
3. That the Corporation failed to file its 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003 Annual Report or pay the 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
  - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
  - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003 Annual Report fees and the filing of its 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003 Annual Reports, which are presented simultaneously with this Affidavit.
5. AMA APPRAISAL SERVICES, INC. satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Corporation.

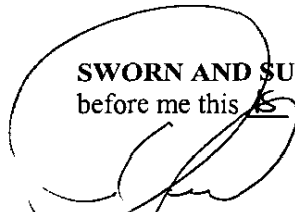
Dated: \_\_\_\_\_ day of \_\_\_\_\_, 2003

**FURTHER, AFFIANT SAYETH NOT**

AMA APPRAISAL SERVICES, INC.

By:   
Alix Armand, President

**SWORN AND SUBSCRIBED**  
before me this 15 day of September, 2003

  
Notary Public, State of Florida at Large  
Printed Name: JACKELINE DOMOND  
Commission Expires: June 2004

OFFICIAL NOTARY SEAL  
JACKELINE DOMOND  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION NO. CC941921