PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 98-01168R

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUL 20 AM 11:15

DOCUMENT # P95000033981

1. Corporation Name

Candler Appraisal Services, Inc.

REINSTATEMENT

2. Principal Office Address		3. Mailing Office Address	
1705 W. Baya Avenue		22991 - 96th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Lake City, FL		Live Oak, FL	
Zip	Country	Zip	Country
32025	Columbia	32060	Suwannee

4. Date Incorporated or Qualified To Do Business in Florida: 5/1/1995

5. FEI Number: 59-3312507 ☐ 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: Michael D. Candler

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07/26/01 01007 033
****608.75 ****608.75

Street Address (P.O. Box Number is Not Acceptable): 22991 - 96th Street

Suite, Apt. #, Etc.:

City: Live Oak | State: FL | Zip Code: 32060

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: 7/17/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
P D	Michael D. Candler	22991 - 96th Street	Live Oak, FL 32060
S T D	Carol A. Candler	22991 - 96th Street	Live Oak, FL 32060

7/17/01

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.

Carol A. Candler

SIGNATURE: Carol A. Candler 7/17/01 386-755-2774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #