


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 AUG 27 AM 8:00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000012312**

1. Corporation Name
Metropolitan Appraisal Svcs, Inc.

2. Principal Office Address 3000 Turtle Mound Rd Suite, Apt. #, etc.		3. Mailing Office Address <same> Suite, Apt. #, etc.	
City & State Melbourne, FL		City & State Melbourne, Florida	
Zip 32934	Country USA	Zip 32934	Country USA

REINSTATEMENT 01-03

4. Date Incorporated or Qualified To Do Business in Florida
2/16/96

5. FEI Number
65-0041074

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Fabiola E. Steinbach

Street Address (P.O. Box Number is Not Acceptable)
3000 Turtle Mound Rd

Suite, Apt. #, Etc.

City
Melbourne, FL

State
FL

Zip Code
32934

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 **Fabiola Steinbach** Date **8/21/03**

REGISTERED AGENT MUST SIGN

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
D	Robert A. Fuentes	3000 Turtle Mound Rd	Melbourne, FL 32934

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.

SIGNATURE: **[Signature]** Date **8/21/03** Daytime Phone # **321-751-9966**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

August 18, 2003

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Metropolitan Appraisal Services
3000 Turtle Mound Rd
Melbourne, FL 32934
FEI 65-0641074
Document #P96000012312

To Whom It May Concern:

Today I spoke with a representative at your office as to why we still are not receiving our Annual Report paperwork. In 1999 I sent notification of our new address and in 2000 repeated the process. The registered agent and officer information was changed but not the mailing address, thus all paperwork was returned to you resulting in our status becoming "inactive". I have been advised to document this in this form, send \$450 (\$150/yr not filed) as the \$600 fee has been waived. Thank you for your attention and if need be, feel free to contact me at 321-751-9966, fax 321-751-9977.

Thank you,



Fabiola E. Steinbach
Registered Agent.