

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 15, 2009  
Secretary of State**

DOCUMENT# P96000027682

Entity Name: MOREX APPRAISAL SERVICES CORPORATION

**Current Principal Place of Business:**

1526 SOPERA AVE.  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

1526 SOPERA AVE.  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 65-0654974      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MASCARO, EMILIO F II  
1526 SOPERA AVE.  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: EMILIO F MASCARO II

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCST ( ) Delete  
Name: MASCARO, EMILIO F II  
Address: 1526 SOPERA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: MASCARO, EMILIO F II  
Address: 1526 SOPERA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: V ( ) Delete  
Name: MASCARO, LEANNE  
Address: 1526 SOPERA AVE  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILIO F MASCARO II

Electronic Signature of Signing Officer or Director

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10/15/2009

Date