2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000049352

Entity Name: SOUTHERN APPRAISAL GROUP, INC.

FILED Oct 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

681 NORTH GLENN DRIVE 812 FLORIDA BLVD

ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701

Current Mailing Address: New Mailing Address:

681 NORTH GLENN DRIVE 812 FLORIDA BLVD

ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701

FEI Number: 59-3391586 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

POTTS, JOYCE J POTTS, JOYCE J 681 NORTH GLENN DRIVE 812 FLÓRIDA BLVD

ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701 US US

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: JOYCE J. POTTS 10/08/2007

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete (X) Change () Addition POTTS, JOYCE J Name: Name: POTTS, JOYCE J

681 NORTH GLEN DRIVE 812 FLORIDA BLVD Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: (X) Change () Addition

Title: () Delete Name: POTTS, JASON T Name: POTTS, JASON T 681 N GLENN DR 812 FLORIDA BLVD Address: Address:

ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701 City-St-Zip: 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: JOYCE J. POTTS **PRES** 10/08/2007