

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 AUG 28 PM 2:40



07162007 REIN-P CR2E098 (1/07)

DOCUMENT # P96000061862					
1. Entity Name CITYWIDE APPRAISAL, INC.					
Principal Place of Business 3731 S.W. 195 AVE. MIRAMAR, FL 33029 US			Mailing Address 3731 S.W. 195 AVE. MIRAMAR, FL 33029 US		
2. Principal Place of Business - No P.O. Box # 4438 ARABIAN WAY			3. Mailing Address 4438 ARABIAN WAY		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State DAVIE, FL			City & State DAVIE, FL		
Zip 33338	Country USA	Zip 33338	Country USA	4. FEI Number 65-0690071	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WALLER, MARITZA 3731 S.W. 195TH AVENUE MIRAMAR, FL 33029				7. Name and Address of New Registered Agent Name CLARA E. WALLER Street Address (P.O. Box Number is Not Acceptable) 4438 ARABIAN WAY City DAVIE FL Zip Code 33338	
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.					
SIGNATURE X		(NOTE: Registered Agent signature required when reinstating)		DATE X 8/15/07	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALLER, EDWARD 3731 S.W. 195TH AVENUE MIRAMAR, FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CLARA E. WALLER 4438 ARABIAN WAY DAVIE, FL 33338 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD WALLER, MARITZA 3731 S.W. 195TH AVENUE MIRAMAR, FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300109309123 09/11/07--01041--004 **\$300.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: X		Date X 8/15/07		Daytime Phone # X 305-218-2746	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

REINSTATEMENT

06-07