PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 OCT 24 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000002290

1. Corporation Name

SUNPOINT APPRAISAL, INC.

Principal Place of Business	*Mailing Address*
3347 SE 17TH PLACE CAPE CORAL FL 33904	3347 SE 17TH PLACE CAPE CORAL FL 33904

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 2000

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
4637 VINCENNES BLVD.	
Suite, Apt. #, etc.: SUITE #1	Suite, Apt. #, etc.
City & State: CAPE CORAL, FL	City & State
Zip: 33904 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/03/1997

5. FEI Number: 65-0716839 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BLYTHE, LARRY	3347 SE 17TH PLACE	CAPE CORAL FL 33904
D	BLYTHE, TINA	3347 SE 17TH PLACE	CAPE CORAL FL 33904

300003455713--9
-11/07/00--01038--008
****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BLYTHE, LARRY 3347 SE 17TH PLACE CAPE CORAL FL 33904	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Larry Blythe PRESIDENT Date: 10/18/2000
REGISTERED AGENT MUST SIGN

11. 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: Larry Blythe PRESIDENT 10/18/2000 941 540-7650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #