PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -7 PM 8: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000020299

1. Corporation Name

Appraisal Express, INC

2. Principal Office Address
9000 Burma Road

Suite, Apt. #, etc.
106

City & State
Palm Beach Gardens, FL

Zip 33403   Country USA

3. Mailing Office Address
9000 Burma Road

Suite, Apt. #, etc.
106

City & State
Palm Beach Gardens, FL

Zip 33403   Country USA

4-30-04   01020 025 #1050.42

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65 - 0732747

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Bodley, Gary / PRESIDENT

Street Address (P.O. Box Number is Not Acceptable)
9000 Burma Road

Suite, Apt. #, Etc.
106

City
Palm Beach Gardens

State FL   Zip Code 33403

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 _____ / PRESIDENT   REGISTERED AGENT MUST SIGN   Date 5/3/04

CR2E061 (01/04)

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	Bodley, Gary / PRES	9000 Burma Road #106	Palm Beach Gardens, FL 33403
		REINSTATEMENT 12/04	

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: _____ / PRESIDENT   5/3/04   561-625-6270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #