

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 JAN 13 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000065344

1. Corporation Name

Tabler Appraisal Group, Inc.

**REINSTATEMENT** 05-09

GC 1/21

2. Principal Office Address - No P.O. Box #

111 SW Magnolia Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 214

Suite, Apt. #, etc.

City & State

Keystone Heights, Florida

City & State

Keystone Heights, Florida

Zip

Florida

Country

United States

Zip

32656

Country

United States

4. Date Incorporated or Qualified To Do Business in Florida

1997

5. FEI Number  
59-3459133

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  
John R. Tabler

Street Address (P.O. Box Number is Not Acceptable)  
111 SW Magnolia Avenue

Suite, Apt. #, Etc.

City  
Keystone Heights

State Zip Code  
FL 32656

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 01/12/2009

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
Pres.	John R. Tabler	111 SW Magnolia Avenue	Keystone Heights, Florida 32656

500140445775  
01/13/09--01006--020 \*\*758.75

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 contained in Chapter 119, 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:

John R. Tabler

01/12/2009

352-473-7438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #