

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P97000067717

1. Corporation Name

ATLANTIC APPRAISAL CONSULTANTS CORPORATION

00 NOV 15 AM 10:55

Principal Place of Business

Mailing Address

5881 NW 151 ST
#200
MIAMI LAKES FL 33014
US

5881 NW 151 ST
#200
MIAMI LAKES FL 33014
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/1997

Suite, Apt. #, etc.

9485 SUNSET DR. #A230

9485 SUNSET DR. #A230

5. FEI Number

65-0776204

Applied For

Not Applicable

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33073

Country

USA

Zip

33173

Country

USA

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
PST	RODRIGUEZ, ALBERT	7231 MIAMI LAKES DRIVE, #C7 7212 FAIRWAY DR # I-4	MIAMI LAKES FL 33014
VP	RODRIGUEZ, ALBERT	7231 MIAMI LAKES DRIVE, #C7 7212 FAIRWAY DR # I-4	MIAMI LAKES FL 33014
			700003488127-9
			12/05/00 01055-020
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ, ALBERT

~~7231 MIAMI LAKES DRIVE, #C7~~ 7212 FAIRWAY DR
MIAMI LAKES FL 33014 #I-4

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/10/00

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/10/00 305 279 2006