

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 DEC 24 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000023713

**1. Corporation Name**

All-IN-ONE Appraisal Corp.

**2. Principal Office Address**

13780 SW 56TH Street

Suite, Apt. #, etc.

#110

City & State

Miami

Zip

FL

Country

U.S.A

**3. Mailing Office Address**

13780 SW 56TH Street

Suite, Apt. #, etc.

#110

City & State

Miami

Zip

FL

Country

U.S.A

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0819983

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

DANILLO FONSECA

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

13780 SW 56TH Street

Suite, Apt. #, Etc.

#110

City

Miami

State  
FL

Zip Code

33175

**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

*Danilo Fonseca*  
REGISTERED AGENT MUST SIGN

Date 12/19/2001

**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
President	DANILLO FONSECA	13780 SW 56TH ST #110	Miami, FL 33175
Vice-President	MARIA FONSECA	13780 SW 56TH ST #110	Miami, FL 33175

**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)(l), 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:

*Danilo Fonseca*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/2001

Date

OFFICE (305) 382 8030  
Fax (305) 382 4080

Daytime Phone #

CR2E081 (9/00)