

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000035650

1. Corporation Name

APPRAISAL ASSOCIATES OF THE TREASURE COAST, INC

Principal Place of Business

2055 N. US HWY 1
VERO BEACH FL 32960

Mailing Address

2055 N. US HWY 1
VERO BEACH FL 32960

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

00 OCT 16 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2000

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/1998

SP

5. FEI Number

65-0838340

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 | VECCHIO, CHARLES V | 800 20TH PLACE STE. 1 | VERO BEACH FL 32960 |
| D | VECCHIO, SONDRAL | 800 20TH PLACE STE. 1 | VERO BEACH FL 32960 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

800003436188-3
-10/24/00-01019-017
****750.00 ****750.00

8. Name and Address of Current Registered Agent

VECCHIO, CHARLES V
800 20TH PLACE STE. 1
VERO BEACH FL 32960

9. Name and Address of New Registered Agent

Name

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

2055 N. US HWY 1

Suite, Apt. #, Etc.

VERO BEACH

City

State
FL

Zip Code
32960

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 10-13-00

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
Charles V. Vecchio

10-13-00

Date

52-778-8000

Daytime Phone #

CR2E040 (8/00)