

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 12 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **998000039497**

1. Corporation Name

Appraisal Pros, Inc.

2. Principal Office Address

9240 SW 40th Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33165

Country

USA

3. Mailing Office Address

9240 SW 40th Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33165

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/27/98

5. FEI Number

65-0835270

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

Cassandra Lopez

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

9240 SW 40th Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

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

Cassandra Lopez

REGISTERED AGENT MUST SIGN

Date

4/14/00

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 Cassandra Lopez 9240 SW 40th Terrace Miami, FL 33165

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/9/00

Daytime Phone #

CR2001 (9/99)

2 of 2

**APPRAISAL PROS, INC.
9240 SW 40th TERRACE
Miami, FL. 33165
(305) 221-8804**

Friday, April 14, 2000

**Florida Department of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314**

Subject: APPRAISAL PROS, INC./Reinstatement-Corp.

Dear Sir. /Madam:

I did not receive the yearly forms required to keep a corporate active in 1999. Furthermore, on or about June 1, 1999 Ms. Cristina Chediak removed as Vice President. Since she was the person in charge of maintaining the Corporation up to date and as we were having problems some time before we parted company, it appears that she did not kept up with her responsibility. Much to my surprise when I visited my accountant for tax purposes, I was asked if I had the corporation up to date (Paid yearly fees required, to the State of Florida). In fact, I found out that they had not been paid. At this point I am asking the you pardon the reinstatement fee and accept the yearly fees for 1999 and 2000. As this a small company and the fees would cause extreme hardship. I will in the future keep all corporate fees up to date.

Please send acknowledgement to the above address and/or advise me if any further action is required.

I greatly appreciate your attention to this matter.

Cordially,


Cassandra Lopez

President