


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

01 SEP -4 AM 10: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000040970

1. Corporation Name

LENDERS CHOICE APPRAISAL SERVICE, INC.

Principal Place of Business

Mailing Address

1565 MAIN ST
DUNEDIN FL 34698

1565 MAIN ST
DUNEDIN FL 34698



REINSTATEMENT

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

05/04/1998

5. FEI Number

59-3507529

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	CODERRE, STEVEN H	1565 MAIN ST 2334 Ashford Ct	DUNEDIN FL 34698 ✓
			700004588557--4
			-09/14/01--01049--011
			***900.00 ***900.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CODERRE, STEVEN H
1565 MAIN ST
DUNEDIN FL 34698

Name

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

2334 Ashford Ct

Suite, Apt. #, Etc.

City

Dunedin

State

Zip Code

FL

34698

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]

Date

8/29/01

REGISTERED AGENT MUST SIGN

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

8/29/01

Date

Daytime Phone #

727-734-8006

CR20040 (8/00)