

2003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P9800050964

## 1. Corporation Name

RIGHT ON TIME APPRAISALS, INC

## 2. Principal Office Address

880 MANALAY AVE

Suite, Apt. #, etc.

#C807

City &amp; State

CLEARWATER FL

Zip

33767

Country

USA

## 3. Mailing Office Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6-8-98

## 5. FEI Number

59-3574993

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status200028414172  
02/09/04--01056--009 \*\*150.00

0304

## 7. Name and Address of Current Registered Agent

Name

LARRY HOLZER

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

880 MANALAY AVE

Suite, Apt. #, Etc.

#C807

City

CLEARWATER

State

FL

Zip Code

33767

200028414172  
03/10/04--01078--002 \*\*150.00

## 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

Date

1/25/04

REGISTERED AGENT MUST SIGN

## 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
P	LARRY HOLZER	880 MANALAY AVE C807	CLEARWATER, FL 33767

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

Larry Holzer

Date

1/25/04

Daytime Phone #

727-424-7367

CR2E081 (10/02)

105

202

PROFESSIONAL FINANCIAL SERVICES, INC.  
710 94<sup>TH</sup> AVE NORTH, SUITE #302  
ST. PETERSBURG, FLORIDA 33702  
TEL: 727-577-9602  
FAX: 727-577-6413

JANUARY 22, 2004

FLORIDA DEPT OF STATE  
DIVISION OF CORPORATIONS  
BOX 6198  
TALLAHASSEE, FLORIDA 32314-6198

RE: RIGHT ON TIME APPRAISALS, INC.

I AM ENCLOSING A CHECK IN THE AMOUNT OF \$150.00 TO REINSTATE THIS CORPORATION. IT SEEMS THAT HE JUST REALIZED THAT THE CORPORATION HAD BEEN DISSOLVED. THE NOTICES FOR RENEWAL WERE SENT TO HIS OLD BUSINESS ADDRESS AND WERE NOT FORWARDED SO HE HAD NO IDEA THAT THIS WAS HAPPENING. THE OLD ADDRESS WAS 949 BRUCE AVENUE, CLEARWATER, FLORIDA 33761 AND THE NEW ADDRESS IS 880 MANDALAY AVENUE #C807, CLEARWATER, FLORIDA 33767.

THANK YOU!

SINCERELY,



JOSEPH F. VALZ, EA, CPF, CPBC

ENCLOSURE