## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



RIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

P98000059609

1. Corporation Name

WALL STREET APPRAISAL SERVICES, INC.

Principal Place of Business

**SIGNATURE:** 

Mailing Address



SS20 SW_142ND COURT MIAMI FL 33186		9820 SW 142ND COURT			REINSTATEIREUT DE			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					nelivo	BLIBERARE		
			iling Office Address, If Applicable S.W. 163 Terrace f, etc.		4. Date Incorporated or Qualified To Do Business in Florida 07/07/1998			
City & State  Miami, FL 33177 1929 Miami Zip Zip					5. FEI Number	65-0849964 OF STATUS DESIRED	Applied For Not Applicable \$8.75 Additional Fee required	
7 Names a	Miami-Dade and Street Addresses of Each Officer and/o	or Director (Flor		mi – Dade	<u> </u>	OF STATUS DESIRED	for a Certificate of Status	
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		i	City / State / Zip		
PTD	PTD OTERO, GUSTAVO			9620 SW 142ND COURT			MIAMI-FL 33188	
D	QUINTANILLA, LOURDES		14534 SW 56TH TERRACE			MIAMI FL 33183		
PTD Otero, Gustavo			13871 S.W. 163 Terrace Miami, FL 33177-1929				33177-1929	
	. ,			<b>"</b> ' :	9 <b>0</b> 11/06/	0024475 030101500	3159 8 **150.00	
Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent				
GARCIA, CARLOS E CPA 4995 NORTHWEST-72ND AVE-#206 MIAMI FL 33166				Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State Zip Code				
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. or 617.0505, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN								
ALGORILLE ALGORITHMS . 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 filling 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/3/03 (305)599-9939

Date Daytime Phone #

## CARLOS E. GARCIA

CERTIFIED PUBLIC ACCOUNTANT
PROFESSIONAL ASSOCIATION
4995 NW 72ND AVENUE
SUITE 206
MIAMI, FLORIDA 33166
TEL (305) 599-9939
FAX (305) 599-8835

October 18, 2003

FL. Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Wall Street Appraisal Services, Inc. P98000059609 65-0849964

## Dear Sirs;

We are in receipt of your Certificate of Dissolution and Application for Reinstatement. The Corporation named above, moved in early 2003 to the following address;

13871 S.W. 163 Terrace

Miami, FL 33177-1929

Please update your records accordingly.

The original notice was never received. A copy of the Post Office mailing label that made it possible to receive the Dissolution is enclosed.

Please accept our check in the amount of \$150.00 and waive the Reinstatement fee. My client is now aware of the need to notify you of any address change immediately.

We hope you will understand the circumstances and provide us with this one time courtesy.

Respectfully,

Carlos E. Garcia C.P.A., P.A.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood DIVISION OF CORPORATIONS P.O. Box 6327 Secretary of State

Tallahassee, Florida 32314

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Post Office mailing label

FLORIDA DIVISION OF CORPORATIONS U.S. POSTAGE PAID FIRST-CLASS MAIL