

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

02 MAR 27 AM 10:14

**CORPORATION REINSTATEMENT**



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

DOCUMENT # P98000085947

1. Corporation Name

AMH Appraisal Consultants, Inc.

100005253521--7  
-04/11/02--01042--013  
\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address 970 W McNAB Road		3. Mailing Office Address 970 W McNAB Road	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33309	Country Broward	Zip 33309	Country Broward

4. Date Incorporated or Qualified To Do Business in Florida 10/01/1998	
5. FEI Number 65-0866359	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$0.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Michelle G. Trca, Esq	
Street Address (P.O. Box Number is Not Acceptable) 2455 E. Sunrise Blvd.	
Suite, Apt. #, Etc. 905	
City Ft. Lauderdale	State FL
Zip Code 33304	

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 Michelle G. Trca Date 3/25/02  
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
D	Ann Marie McCarthy	970 W. McNab Rd., 100	Ft. Lauderdale, FL 33309

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: Ann Marie McCarthy Date 3-25-02 Daytime Phone # 9549782445  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**AMH**  
**Appraisal**  
**Consultants, Inc.**

March 25, 2002

Department of State  
Divisions of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

**Re: Reinstatement of Corporation**

**To Whom it May Concern:**

In 2001 our corporation relocated its office to 970 W. McNab Road, Suite 100, Ft. Lauderdale, FL 33309. Prior to our move we were located at 2455 E. Sunrise Blvd, Suite 209, Ft. Lauderdale, FL 33304. We previously shared office space with our registered agent Michelle G. Trca, P.A. At the time of our move we notified the U.S. Postal Service and requested our mail be forward to our new location. There was a problem forwarding the mail due to our sharing a suite and our company leaving the building and the other company moving suites, but staying in the same building. Due to this some of our mail was subsequently lost in the mail system. I believe it is because of this we never received previous notices regarding the uniform business report.

I have enclosed the reinstatement application, the original filing fee for last year and our filing fee for this year. Please feel free to contact me at 954-978-2445 with any questions or comments.

Thank you.

  
Ann Marie McCathy, MAI, CCIM  
President

954.978.2445  
954.978.2076 fax

970 West McNab Road  
Suite 100  
Fort Lauderdale, Florida 33309  
[www.amhappraisal.com](http://www.amhappraisal.com)