

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

05 APR 13 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000091888

1. Corporation Name

Southeast Appraisers, Inc.

2. Principal Office Address

250 Catalonia Ave

Suite, Apt. #, etc.

504

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

'Same'

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/26/1998

5. FEI Number

65-0872754

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

Iglesias, Rene 800054218988

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

600 Biltmore Way

05/10/05 01072 007 \*\*120.00

Suite, Apt. #, Etc.

# 906

City

Coral Gables

State

FL

Zip Code

33134

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

*Gabriel J. Iglesias*  
REGISTERED AGENT MUST SIGN

Date 2/24/2005

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	Iglesias, Rene	600 Biltmore Way #906	Coral Gables, FL 33134
VP	Iglesias, Luz J	600 Biltmore Way #906	Coral Gables, FL 33134
T	Gomez-Iglesias, Gabriel	4320 SW 11 St	Miami, FL 33134

REINSTATEMENT 02-04

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

*Gabriel J. Iglesias*

2/24/2005

Date

305-567-2707

Daytime Phone #

CR2E081 (01/05)