

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

2:00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 30 AM 9:57

DOCUMENT # P98000095767

1. Corporation Name

ONE SOURCE PROPERTY VALUATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 17495
PLANTATION FL 33318

P.O. BOX 17495
PLANTATION FL 33318



REINSTATEMENT 00

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

11/09/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0875344

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MANZO, JASON	P O BOX 17495	PLANTATION FL 33318
VD	MANZO, MARCIA	7002 BLVD EAST APT 7P	GUTTENBURG NJ 07093
STD	MANZO, ROBERT	7002 BLVD EAST APT 7P	GUTTENBURG NJ 07093

08-08-00 90012 033 \$150.00

800003467628--0

-11/16/00-01051-003

****600.00 ****600.00

8. Name and Address of Current Registered Agent

MURPHY, PATRICK J
1401 E BROWARD BLVD STE 201
FT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name Patrick J. Murphy, Esq.
Street Address (P.O. Box Number is Not Acceptable)
1132 S.E. 2nd Ave
Suite, Apt. #, Etc.
F
City FT. LAUDERDALE, State FL Zip Code 33316

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

REGISTERED AGENT MUST SIGN

Date 10/12/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/00 954-321-5577

CR2E040 (8/00)