PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FOR WHAT

| | | | | | • | <i>y</i> • | |
|---|---|--|---|--|--|---|--|
| | REINSTATEMENT | | DEPARTMENT OF STATE sécretary of State sion of corporations | | F1L 1777 5 APR 25 PT 12: 30 | | |
| DOCUMENT # P9900001032 1. Corporation Name | | | | | 1, 12, 30 | | |
| ALL DADE APPRAISALS, INC. | | | | | d. | | |
| , | | | | | 900074537169 05/15/0601003017 ***300.00 | | |
| 2. Principal Office Ad | ddress | 3. Mailing Office Addre | 3. Mailing Office Address | | 1 | ì | |
| 27730 5 | W 164 COURT | 27730 SW 164 COURT | | | CR25981 (12/05) | 150,00 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. Date Inc | orporated or Qualified | | |
| City & State | | City & State | | | To Do Business in Florida Jan. 04, 1999 | | |
| HOMEST | EAD FL | HOMESTEAD FL | | 1 | 5. FEI Number Applied For Not Applicable | | |
| | | Zip Country | | 6. | Ψ3 C44 1E44 | | |
| IEOEE | USA | IE0EE | USA | CERTIFICA | | a Certificate of Status | |
| | , | 7. Name and | Address of Current Re | gistered Agent | D 1/ | 2 | |
| Name JAMES M. GUEST Street Address (P.O. Box Number is Not Acceptable) 50 KINDRED STREET Suite, Apt. #, Etc. SUITE 201 City STUART State Zip Code FL 34994 | | | | | | | |
| 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 4/19/06 | | | | | | | |
| 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 Director | | Street Address Officer and/or [| of Each | City / State | / Zip | |
| PTD RE | REDDEN, COLIN | | 27730 SW IGY COURT | | Homestead, FL 33031 | | |
| VS MI | MITCHELL, ALETHA | | 27730 SW 164 COURT | | HOMESTEAD FL 33031 | | |
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| this reinstateme owed by the cor | int application, the reason for di poration have been paid and th on is true and accurate, and my | ssolution has been eliminate e names of individuals lister signature shall have the sa | ed, the corporate name of d on this form do not qua | satisfies the requirematify for an exemption | chapter 607 or 617, F.S. I further or ents of section 607.0401 or 617.040 contained in Chapter 119, F.S. The | 01, F.S., that all fees information indicated | |

pyendr

ALL DADE APPRAISALS, INC

27730 SW 164TH COURT · HOMESTEAD, FL 33031 PHONE: 305-246-2100

April 5, 2006

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Corporation Reinstatement

To Whom it May Concern:

In 2004 I received a Notice of Dissolution or Revocation effective September 17, 2004. On November 30, 2004, I filed a 2004 for Profit Corporation Reinstatement and paid \$150.00 as instructed on the form which read 'FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00' (copy of form enclosed). I recently discovered that my corporation was no longer active and phoned the office of my registered agent, Mr. James Guest. A phone call was made to the Division of Corporations on April 4th, 2006 at which time we were told that a letter have been sent on December 26, 2004 rejecting the reinstatement. I never received this letter and assumed that my corporation had been reinstated since my check for \$150.00 had been cashed by the Division of Corporations.

I respectfully request that my corporation be reinstated and that any penalties be waved. I am including a check for \$300.00. This together with the \$150.00 on record will cover the 2004, 2005 and 2006 filing fees.

If you have any further questions, please contact me.

Yours truly,

Colin Redden President