FILED

03 JUN -6 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000003995

1. Corporation Name
Action Appraisals Unlimited, Inc.

REINSTATEMENT 6-03

2. Principal Office Address	3. Mailing Office Address
2067 Rouse Lake Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State
Zip: 32817 Country: United States	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 1/14/99

5. FEI Number: 59-355 1092 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

500020564845
06/06/03--01048--004 **900.00

Street Address (P.O. Box Number is Not Acceptable): 1840 Coral Way

Suite, Apt. #, Etc.: 4th Floor

City: Miami State: FL Zip Code: 33145

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: X By: Spiegel & Utrera, P.A. Natalia Utrera, Vice-President
REGISTERED AGENT MUST SIGN

Date: 5/30/03

CR2E031 (2/00)

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
PTD	David K. Sunday	2067 Rouse Lake Road	Orlando, Florida 32817
SVD	Lynn D. Goldberg (Sunday)	2067 Rouse Lake Road	Orlando, Florida 32817

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: David K. Sunday 4/30/03 407-737-2623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PB