

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000005775**

1. Corporation Name

MD APPRAISAL SERVICES, INC.

Principal Place of Business

Mailing Address

**9480 S.W. 53RD ST.
MIAMI FL 33165**

**9480 S.W. 53RD ST.
MIAMI FL 33165**

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

01/15/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0902823

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DIAZ, MANUEL M	9480 S.W. 53RD ST.	MIAMI FL 33165
SD	DIAZ, GUDelia C	9480 S.W. 53RD ST.	MIAMI FL 33165

600023964426
10/21/03--01037--015 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DIAZ, MANUEL M
9480 S.W. 53RD ST.
MIAMI FL 33165**

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-15-03

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

10-15-03 (305) 271-7778

Date

Daytime Phone #

CR2EQ40 (7/03)

MD APPRAISAL SERVICES, INC.

9480 SW 53rd Street
Miami Florida 33165
Phone (305) 271-7778 Fax (305) 271-8488

October 14, 2003

Glenda E. Hood
Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

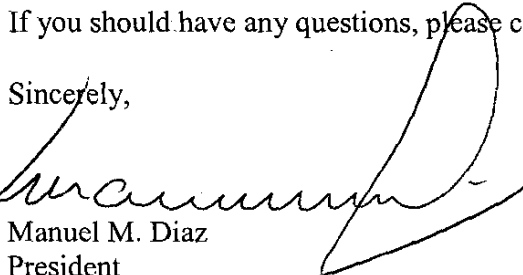
Dear Ms. Hood,

MD Appraisal Services did not receive the Uniform Business Report notice and as such, did not file a UBR in a timely manner this year.

Please find enclosed the Application for Reinstatement as well as the UBR filing fee in the amount of \$150.00

If you should have any questions, please call me at (305) 271-7778.

Sincerely,



Manuel M. Diaz
President
M.D. Appraisal Services