PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 10 PM 2:59

DOCUMENT # P99000048689

1. Corporation Name
Precision Property Appraisal Services, Inc.

REINSTATEMENT 00-05

2. Principal Office Address	3. Mailing Office Address
888 N.E. 126 Street	888 N.E. 126 Street
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.: 200
City & State: North Miami, FL.	City & State: North Miami, FL.
Zip: 33161 Country: U.S.	Zip: 33161 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 5/24/99

5. FEI Number: 650924647 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jean-Patrick Monplaisir

Street Address (P.O. Box Number is Not Acceptable): 1259 S.W. 121 Avenue

Suite, Apt. #, Etc.: ~~Rent~~

City: Pembroke Pines State: FL Zip Code: 33025

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: [signature] Date: 2/09/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/06)

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 Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Jean-Patrick Monplaisir	1259 S.W. 121 Avenue	Pembroke Pines, FL. 33025
Vice-President	Rachel Monplaisir	1259 S.W. 121 Avenue	Pembroke Pines, FL. 33025
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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: JEAN-PATRICK MONPLAISIR [signature] 2/9/05 (305) 892-2420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #