PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 JAN -9 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000054909

1. Corporation Name
Wallace & Associates Appraisers and Real Estate Consultants, Inc.

2. Principal Office Address
1127 Grove St., Clearwater, FL 33755

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT 002

4. Date Incorporated or Qualified To Do Business in Florida June 16, 1999

5. FEI Number Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Bruce Wallace

Street Address (P.O. Box Number is Not Acceptable): 1127 Grove St.

Suite, Apt. #, Etc.

City: Clearwater, State: FL Zip Code: 33755

600004790466--3
-01/23/02--01009--003
***1058.50 ***1058.50

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: B Wall Date: 1-4-02
REGISTERED AGENT MUST SIGN

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
Pres.	Bruce Wallace	1127 Grove St.	Clearwater, FL 33755
Sec.	Bruce Wallace		
Director	Bruce Wallace		

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: B Wall 1-4-02 727-466-9770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #