

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 14 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Palm Coast Real Estate
Appraisals, INC.
P990000058100

2. Principal Office Address

3900 MAX PLACE

Suite, Apt. #, etc.

101

City & State

Boynton Beach, FL

Zip

33436
33400

Country

U.S.A.

3. Mailing Office Address

3900 MAX PLACE

Suite, Apt. #, etc.

101

City & State

Florida, Boynton Beach

Zip

33436

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

June 24, 1999

5. FEI Number

05-0937850

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

Frank Smith

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

3900 MAX PLACE

Suite, Apt. #, Etc.

101

City

BOYNTON BEACH

State

FL

Zip Code

33436

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

REGISTERED AGENT MUST SIGN

Date

10/9/05

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
P	Frank S. Smith	3900 MAX PL #101	Boynton Beach, FL 33436
		10/19	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank S. Smith

Date

Daytime Phone #

CR2E081 (01/04)