

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 24 AM 9:29

DOCUMENT # P99000108236

1. Corporation Name

FIRST APPRAISAL OF S.W. FLORIDA, INC.

Principal Place of Business

Mailing Address

274 BRIDGE STREET
LABELLE FL 33935

274 BRIDGE STREET
LABELLE FL 33935



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

2040 FT. DENAUD RD.

4. Date incorporated or Qualified
To Do Business in Florida

12/13/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

LABELLE FLORIDA

65-0662872

Not Applicable

Zip

Country

Zip

Country

33935

USA

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
Pres.	Patricia W. Joyce	2040 FT. DENAUD RD	LABELLE, FL. 33935
Sec-Trea.	William J. Joyce	2040 FT. DENAUD RD	LABELLE, FL 33935

200003455377-8
-11/07/00--01080--019.
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOYCE, PATRICIA W
2040 FT. DENAUD RD.
LABELLE FL 33935

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 REQUIRED
WILLIAM J. JOYCE

10-20-00

Date

863-675-7309

Daytime Phone #

(2)

First Appraisal of SW Florida, Inc.
2040 Ft. Denaud Road
LaBelle, FL. 33935
863-675-7309 Business
863-675-6090 Fax

10-20-00

RE: 2000 Uniform Business Report

To Whom it May Concern:

Following instructions received from your office per telephone 10-19-00, I am enclosing a check in the amount of \$150.00 and 2000 Uniform Business Report.

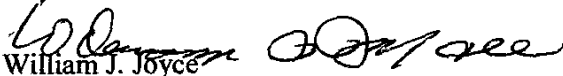
We never received the original annual report or the first notice of delinquency. This is because we do not have mail delivered to our office at 274 Bridge Street in LaBelle. Fortunately, as this is a small town, our post office forwarded your second notice to the correct address.

I have enclosed a copy of our original filing showing that all communications are to be sent to this address and a copy of the Unemployment Comp Employer's quarterly report which has the correct address on it. Please change your database to reflect the correct mailing address.

We request that you please waive all penalty fees in connection with this request for reinstatement.

Thank you for your assistance and if you have any questions you may reach me by voice or fax at the numbers listed above.

Sincerely,


William J. Joyce
Sec.-Treas.