

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

*Page 1 of 2*

DOCUMENT # S28795

1. Entity Name  
APPRAISALWORKS, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 OCT 12 AM 10:15

Principal Place of Business

225 NORTHEAST 34TH STREET  
202  
MIAMI, FL 33137 US

Mailing Address

225 NORTHEAST 34TH STREET  
202  
MIAMI, FL 33137 US

2. Principal Place of Business - No P.O. Box #

7100 Biscayne Blvd.  
Suite, Apt. #, etc.  
301

3. Mailing Address

7100 Biscayne Blvd.  
Suite, Apt. #, etc.  
301

City & State

Miami Florida  
Zip 33138 Country Dade

City & State

Miami Florida  
Zip 33138 Country Dade

10022007 REIN-P CR2E098 (1/07)

4. FEI Number

65-0244163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MIALTAGLIATI, STEPHEN  
225 NORTHEAST 34TH STREET  
202  
MIAMI, FL 33132

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/27/2007

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MALTAGLIATI, STEPHEN  
STREET ADDRESS 225 N.E. 34TH ST. S-204  
CITY-ST-ZIP MIAMI, FL 33137 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
700110735937  
10/12/07--01053--007 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/27/2007

REINSTATEMENT

*310/15/07*

pgc 2012

**APPRAISALWORKS, INC.**  
**225 NE 34 STREET # 202**  
**MIAMI, FLORIDA 33137**  
**(305) 576-4649 FAX (305) 573-0734**

**Attn: Florida Department of State**  
**Divisions of Corporations**  
**P.O.Box 6198**  
**Tallahassee, Fl 32314-6198**

**Re: 2006 Annual Report**

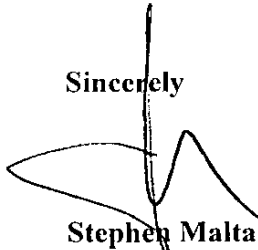
**To Whom It May Concern:**

**Please be advised that I was out of the country and never received the original and second notice of the annual report.**

**Thank you for your understanding.**

**Please call if you have any questions.**

**Sincerely**



**Stephen Maltagliati**  
**President**