

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
96 NOV 18 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S78045**

1. Corporation Name  
**PONCE APPRAISAL AND CONSULTING SERVICES, INC.**

Principal Place of Business

800 S. INDIA ROAD  
SUITE  
ORONIA BEACH FL 32174  
US

Mailing Address

1808 N. INDIAN RIVER RD.  
NEW SMYRNA BEACH FL 32188  
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**212 DUNE CIRCLE**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
**212 DUNE CIRCLE**  
Suite, Apt. #, etc.

REINSTATEMENT *AL*

4. Date Incorporated or Qualified To Do Business in Florida  
**09/05/1991**

5. FEI Number  
**59-3084541**

Applied For  
Not Applicable

City & State  
**New Smyrna Beach, FL**  
Zip  
**32169**  
Country  
**USA**

City & State  
**New Smyrna Beach, FL**  
Zip  
**32169**  
Country  
**USA**

6. CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
POTS	LOVELACE, ROBERT H JR.	<del>1808 N. INDIAN RIVER RD.</del> <b>212 DUNE CIRCLE</b>	NEW SMYRNA BEACH FL
<del>BAF</del>	<del>LOVELACE, KATHRYN M.</del>	<del>1808 N. INDIAN RIVER RD.</del>	<del>NEW SMYRNA BEACH FL</del>
<del>S</del>	<del>LOVELACE, KATHRYN M.</del>	<del>1808 N. INDIAN RIVER RD.</del>	<del>NEW SMYRNA BEACH FL</del>

100002010991--3  
-11/21/96-01044-001  
\*\*\*\*375.00 \*\*\*\*375.00

*06/19-96*

8. Name and Address of Current Registered Agent

LOVELACE, ROBERT HENRY, JR.  
1808 N. INDIAN RIVER RD.  
NEW SMYRNA BEACH FL 32188

9. Name and Address of New Registered Agent

Name  
**LOVELACE ROBERT HENRY, JR.**  
Street Address (P.O. Box Number is Not Acceptable)  
**212 DUNE CIRCLE**  
Suite, Apt. #, Etc.  
City  
**New Smyrna Beach** State  
**FL** Zip Code  
**32169**

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  
*Robert H. Lovelace*  
REGISTERED AGENT MUST SIGN

Date  
*Sept 17, 1996*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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)(f), 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: *Robert H. Lovelace*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
*9-17-96*  
Daytime Phone #  
*(904) 409 9875*

CRS340 (7/95)