

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2017 DEC 19 AM 9:57

FILED

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT #
1. Corporation Name
Midwest Appraisal Management Group, INC.
F11000004801

100308854381
12/19/17--01025--017 **750.00

2. Principal Office Address - No P.O. Box #
2090 Celebration Dr
State, Apt #, etc.
#204A
City & State
Grand Rapids MI
Zip Country
49525 USA

3. Mailing Office Address
2090 Celebration Dr
State, Apt #, etc.
#204A
City & State
Grand Rapids MI
Zip Country
49525 USA

CR2E091 (11/10)

4. Date incorporated or organized
To Do Business in Florida 11/29/2011

5. FEI Number 27-4225011 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$3.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent
Name Corporate Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Flays St
State, Apt #, etc.
City Tallahassee State FL Zip Code 32301

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DEC 19 2017

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 *Christa Pugh, Assistant Secretary* Date 12/12/17
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Mark Jenkins	2090 Celebration Dr #204A	Grand Rapids, MI 49525
REINSTATEMENT - 2017 = \$750.00			

10. E-mail Address: mark@midwestamc.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: *Mark Jenkins* Mark Jenkins 12/12/2017 269-353-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone