#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES D GAZONAS

Electronic Signature of Signing Officer/Director Detail

# 2015 FOREIGN PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F1400000344

Entity Name: MANAGED APPRAISAL SERVICE INC.

### **Current Principal Place of Business:**

2 VILLAGE RD., STE.11 HORSHAM, PA 19044

## **Current Mailing Address:**

2 VILLAGE RD., STE.11 HORSHAM, PA 19044

### FEI Number: 27-0331458

# Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES, INC. 5237 SUMMERLIN COMMONS SUITE 400 FORT MYERS, FL 33907 US

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.

SIGNATURE	: JAMES D GAZONAS			10/27/2015
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	CHRM	Title	PST	
Name	GAZONAS, JAMES D	Name	GAZONAS, JAMES D	
Address	2 VILLAGE RD., STE.11	Address	2 VILLAGE RD., STE.11	
City-State-Zip:	HORSHAM PA 19044	City-State-Zip:	HORSHAM PA 19044	

PRESIDENT

10/27/2015

FILED Oct 27, 2015 Secretary of State CR1148819704

Certificate of Status Desired: Yes

Date