

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*Paye WZ*

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G 46927**

1. Corporation Name  
**Property Advisors, Inc.**

900011794819  
02/04/03--01093--022 \*\*150.00

900011794819  
02/04/03--01093--021 \*\*150.00

2. Principal Office Address <b>5421 Beaumont Ctr. Blvd.</b>		3. Mailing Office Address <b>5421 Beaumont Ctr. Blvd.</b>	
Suite, Apt. #, etc. <b>#685</b>		Suite, Apt. #, etc. <b>#685</b>	
City & State <b>Tampa, Florida</b>		City & State <b>Tampa, Florida</b>	
Zip <b>33634</b>	Country <b>USA</b>	Zip <b>33634</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida <b>06/30/1983</b>	
5. FEI Number <b>59-2318047</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Name and Address of Current Registered Agent	
Name <b>Andrew Service Corporation of Florida</b>	900011794819 02/04/03--01093--023 **8.75
Street Address (P.O. Box Number is Not Acceptable) <b>201 N. Franklin Street</b>	<del>900011794819</del> <del>02/04/03--01093--023 **150.00</del>
Suite, Apt. #, Etc. <b>Suite 2100</b>	
City <b>Tampa</b>	State <b>FL</b>
	Zip Code <b>33602</b>

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.

**Andrew Service Corporation of Florida**

Signature of Registered Agent: *[Signature]* Date: **01/08/2003**

REGISTERED AGENT MUST SIGN **Joseph D. Edwards**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	<b>J. Stephen Vasen</b>	<b>5600 Roswell Road</b>	<b>Atlanta, Georgia 30342</b>

10. 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]* Date: **1/6/03** Daytime Phone #: **404-250-1655**

**J. Stephen Vasen**

CR2E081 (9/01)



January 6, 2003

Mr. Jim Smith, Secretary of State  
Florida Department of State  
PL-02, The Capitol  
Tallahassee, Florida 32399-0250

Re: Property Advisors, Inc.

Dear Mr. Smith;

For reasons not yet identified we failed to receive corporate registration renewal notification for the above referenced Florida company. We respectfully request that the enclosed Corporation Reinstatement form and fee be accepted and Property Advisors, Inc. be returned to good standing with the State of Florida.

Your attention is appreciated.

Sincerely,

Richard K. Olsen  
Chief Financial Officer