

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 07

DOCUMENT # **P0200011250**

1. Corporation Name

THE PUBLIC ADJUSTING FIRM, INC.

Principal Place of Business

Mailing Address

6852 NW 77TH COURT
 MIAMI FL 33166

6852 NW 77TH COURT
 MIAMI FL 33166

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/15/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

33-1026908

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
D	MARCOTE, ADELA ZIOMARA	6852 NW 77TH COURT	MIAMI FL 33166

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARCOTE, ADELA ZIOMARA
 6852 NW 77TH COURT
 MIAMI FL 33166

Name _____

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

Suite, Apt. #, Etc. _____

City _____ State **FL** Zip Code _____

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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **10/14/03**

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., 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.

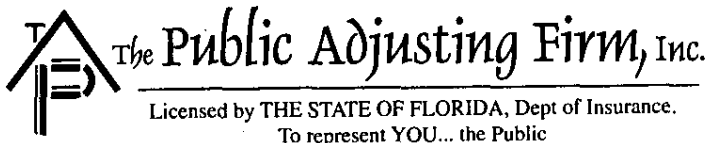
SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03
 Date

305-718-8894
 Daytime Phone #

CR2E040 (7/03)



Division of Corporation
Annual Report Reinstatement Section
P.O. Box 6327
Tallahassee , FL 32314

October 15, 2003

Dear Sir or Madam,


Please be advised that the reason we did not file our report on time is because we never received the prior UBR notices.

We are enclosing the application as required as well as a company check for the necessary fees:

\$150.00	-	Report Filling Fee
\$ 88.75	-	Corporate Supplemental Fee

Please process the above application and we thank you for your assistance and understanding in this matter.

Sincerely,



Adela Z. Marcote
President