## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000106437

Address:

City-St-Zip:

Entity Name: PUBLIC ADJUSTERS INTERNATIONAL, INC.

FILED Oct 02, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business: 4220 HOOD RD** 320 W OAKLAND PARK BLVD JACKSONVILLE, FL DUVAL US WILTON MANORS, FL 33311 US **Current Mailing Address: New Mailing Address: 4220 HOOD RD** 320 W OAKLAND PARK BLVD JACKSONVILLE, FL 32257 US WILTON MANORS, FL 33311 US FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALMEIDA, EDUARDO F ALMEIDA, EDUARDO F 4220 HOOD RD 320 W OAKLAND PARK BLVD JACKSONVILLE, FL 32257 US WILTON MANORS, FL 33311 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: EDUARDO F ALMEIDA 10/02/2008 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition ALMEIDA, EDUARDO F Name: Name: ALMEIDA, EDUARDO F 4220 HOOD RD SUITE 2A 320 W OAKLAND PARK BLVD SUITE B Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 US City-St-Zip: WILTON MANORS, FL 33311 US () Delete Title: ( ) Change (X) Addition Title: Name: Name: MCNAMARA, AMBER

Address:

City-St-Zip:

320 W OAKLAND PARK BLVD SUITE B

WILTON MANORS, FL 33311 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDUARDO F ALMEIDA PD 10/02/2008