

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED


05 AUG -5 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Eckel AUG 11 2005

01-05

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA000007552

1. Corporation Name
ADJUSTER SERVICES, INC.

2. Principal Office Address <u>57 South Coyle St.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>57 South Coyle St.</u> Suite, Apt. #, etc.	
City & State <u>Pensacola, FL</u>		City & State <u>Pensacola, FL</u>	
Zip <u>32501</u>	Country <u>USA</u>	Zip <u>32501</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida 1/20/1999

5. FEI Number 593563404 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Juliana Thompson

Street Address (P.O. Box Number is Not Acceptable) 57 South Coyle Street 700058534307

Suite, Apt. #, Etc. 08/12/05--01049--011 **1501.75

City Pensacola State FL Zip Code 32501

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 Juliana Thompson Date 8/1/05

REGISTERED AGENT MUST SIGN

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
<u>D</u>	<u>Juliana Thompson</u>	<u>57 South Coyle St.</u>	<u>Pensacola, FL 32501</u>

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: Juliana Thompson Date 8/1/05 Daytime Phone # 850-478-9696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)