

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 169783

1. Entity Name
PINELLAS ADJUSTMENT BUREAU INC



FILED
04 OCT 28 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5016 43RD ST S
ST PETERSBURG, FL 33731

Mailing Address
WM J REICHL, 5016 43RD ST. SOUTH
P O BOX 527
ST PETERSBURG, FL 33731

2. Principal Place of Business
2256 WINSLOW CIR

3. Mailing Address
2256 WINSLOW CIR

Suite, Apt. #, etc.

City & State
CASSELBERRY, FL

Zip
32707

Country
USA

10282004 REIN-P CR2E098 (6/04)

4. FEI Number
59-0679131

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REICHL, WILLIAM J
5016 43RD STREET SOUTH
ST PETERSBURG, FL 33711

7. Name and Address of New Registered Agent
Name
JAMES R REICHL
Street Address (P.O. Box Number is Not Acceptable)
2256 WINSLOW CIR
City
CASSELBERRY FL Zip Code
32707

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James R Reichle* 10/28/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REICHL, WILLIAM J 5016 43RD ST S ST PETERSBURG, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES R. REICHL 2256 WINSLOW CIR CASSELBERRY, FL 32707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REICHL, RUTH F 5016 43RD ST S ST PETERSBURG, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KAREN E. REICHL 2256 WINSLOW CIR CASSELBERRY, FL 32707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600042697386 11/12/04--01058--005 ***158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James R Reichle* 10/28/04 407.718.9319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone