

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 623029

**FILED**  
**Sep 27, 2011**  
**Secretary of State**

**Entity Name:** DLT INSURANCE ADJUSTERS, INC.

**Current Principal Place of Business:**

730 NW 107 AVE STE 214  
MIAMI, FL 33172

**New Principal Place of Business:**

9675 NW 117 AVE  
SUITE 400  
MIAMI, FL 33178

**Current Mailing Address:**

3333 LEE PKWY  
SUITE 1200  
DALLAS, TX 75219

**New Mailing Address:**

**FEI Number:** 59-1909039

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:** DIANE BROWN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** JOHNSTON, MICHAEL S  
**Address:** 9675 NW 117 AVE STE 400  
**City-St-Zip:** MIAMI, FL 33178

**Title:** D  
**Name:** ANDERSON, GLENN  
**Address:** 3333 LEE PKWY STE 1200  
**City-St-Zip:** DALLAS, TX 75219

**Title:** S  
**Name:** BUXTON, RICHARD M  
**Address:** 3333 LEE PKWY STE 1200  
**City-St-Zip:** DALLAS, TX 75219

**Title:** T  
**Name:** COOTS, DANIEL J  
**Address:** 3333 LEE PKWY STE 1200  
**City-St-Zip:** DALLAS, TX 75219

I hereby 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 all other like empowered.

**SIGNATURE:** GLENN W. ANDERSON

DIR

09/27/2011

Electronic Signature of Signing Officer or Director

Date