Oct 01 07, 11:29a Gerry Marshall

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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2007 OCT -2 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000010563

1. Limited Liability Company's Name

ADJUSTERS & LOSS CONSULTANTS GROUP, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1088 BEL LIDO DRIVE	15305 Dallas Parkway,
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 300
City & State: HIGHLAND BEACH FL	City & State: Addison, TX
Zip: 33487 Country:	Zip: 75001 Country:

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 09/01/2000

6. FEI Number: 65-1036123 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Corporate Creations Network Inc.

Street Address (P.O. Box Number is Not Acceptable): 11380 Prosperity Farms Road

Suite, Apt. #, Etc.: 221E

City: Palm Beach Gardens State: FL Zip Code: 33410

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date 8-29-07

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MARSHALL, GERALD C	15305 Dallas Parkway ~~Suite 300~~	Addison, TX 75001

REINSTATEMENT 02-07-08

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: [signature] Date ________ Daytime Phone # ________

Typed or printed name of signing Managing Member/Manager: Gerald C. Marshall

Division of Corporations

https://efile.sunbiz.org/scripts/cfilcovr.exe

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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LIMITED LIABILITY REINSTATEMENT

ADJUSTERS & LOSS CONSULTANTS GROUP, LLC

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$350.00

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October 2, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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TALLAHASSEE, FLORIDA

ADJUSTERS & LOSS CONSULTANTS GROUP, LLC
1088 BEL LIDO DRIVE
HIGHLAND BEACH, FL 33487

SUBJECT: ADJUSTERS & LOSS CONSULTANTS GROUP, LLC
REF: L00000010563

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

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