

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 FEB 28 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L89042**

1. Corporation Name

Public Loss Adjusters, Inc

2. Principal Office Address

1468 Blueberry

Suite, Apt. #, etc.

City & State

ST. George Island

Zip

32328

Country

Franklin

3. Mailing Office Address

P.O. 975

Suite, Apt. #, etc.

City & State

Eastpoint

Zip

FL

Country

Franklin

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/25/90

5. FEI Number

59-3057963

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

Emily M. Green

Street Address (P.O. Box Number is Not Acceptable)

P. 1468 Blueberry

Suite, Apt. #, Etc.

City

ST. George Island,

State

FL

Zip Code

32328

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

Emily M. Green

REGISTERED AGENT MUST SIGN

Date **2/28/02**

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
Pres	Donald Green	1468 Blueberry Rd	St. George Is. FL. 32328

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)