

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10000005433

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** DEPARTMENT OF LOSS MITIGATION AND FORENSICS CORP

**Current Principal Place of Business:**

7400 BAYMEADOWS WAY  
100  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

4237 SALISBURY RD  
103  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

2220 CR 210 W  
108-341  
ST JOHNS, FL 32259

**New Mailing Address:**

4237 SALISBURY RD  
103  
JACKSONVILLE, FL 32216

**FEI Number:** 61-1617331

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBLES, ROGELIO  
2220 CR W 210  
108-341  
ST JOHNS, FL 32259 US

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

ROBLES, ROGELIO  
4237 SALISBURY RD  
103  
JACKSONVILLE, FL 32216 US

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: ROGELIO ROBLES

01/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROBLES, ROGELIO  
Address: 4237 SALISBURY RD #103  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP  
Name: THOMAS, PAMELA  
Address: 4237 SALISBURY RD # 103  
City-St-Zip: JACKSONVILLE, FL 32216

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROGELIO ROBLES

P

01/03/2012

Electronic Signature of Signing Officer or Director

Date