

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000095963

1. Corporation Name

NATIONAL ADJUSTMENT BUREAU, INC.

2. Principal Office Address

1108 E Newport Center Drive

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

3. Mailing Office Address

1108 E. Newport Center Drive

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

REINSTATEMENT 01-02

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

10/10/2000

5. FEI Number

65-1046779

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

Frank Mennella

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

1108 E. Newport Center Drive

Suite, Apt. #, Etc.

City

Deerfield Beach

State
FL

Zip Code

33442

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

Date 06/18/2002

REGISTERED AGENT MUST SIGN

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
P	Howard Goldfarb	1108 E. Newport Center Drive	Deerfield Beach, FL 33442
VP	Frank Mennella	1108 E. Newport Center Drive	Deerfield Beach, FL 33442
S/T	Andrew Smith	1108 E. Newport Center Drive	Deerfield Beach, FL 33442

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

Andrew Smith

06/18/2002

954-596-4880

Date

Daytime Phone #

CR2E081 (9/00)