

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 12 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD000014965

1. Corporation Name
Public Claims Adjusters + Associates INC

REINSTATEMENT 02-04

2. Principal Office Address
1950 1st AVE N
Suite, Apt. #, etc.

3. Mailing Office Address
15489 P.O. Box
Suite, Apt. #, etc.

200032505352
04/13/04--01016--002 **450.00

City & State
St Petersburg, FL
Zip Country
33713 PineLLAS

City & State
St Petersburg, FL
Zip Country
33733 PineLLAS

4. Date Incorporated or Qualified
To Do Business in Florida 2/8/01

5. FEI Number
04-3643704
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
TROY PAYNE

Street Address (P.O. Box Number is Not Acceptable)
1950 1st AVE NO
Suite, Apt. #, Etc.

MAILING ADDRESS
P.O. BOX 15489
St Petersburg, FL 33733

City
ST. PETERSBURG

State Zip Code
FL 33713

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 D. Troy Payne
REGISTERED AGENT MUST SIGN

Date 4/7/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

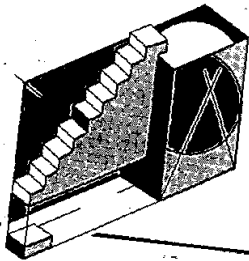
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PRES.</u>	<u>D. TROY PAYNE</u>	<u>1950 1st AVE NO.</u>	<u>ST. PETERSBURG, FL 33713</u>

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: D. Troy Payne Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04 727-820-9860
Date Daytime Phone #

CR2E081 (01/04)



PUBLIC CLAIMS ADJUSTORS & ASSOCIATES, INC.

E-MAIL: troy@troypayne.com

Phone (727) 820-9860
FAX (727) 820-9861

April 8, 2004

Department of State
Division of Cooperation

Ref: Reinstatement
Public Claims Adjusters and Associates Inc

I never received the Annual report
form and I just found out by calling
your office that my Corporation had
been discontinued in 2002 for lack of
payment. The lady I spoke to said it
showed returned for lack of right address.

Please Reinstat this Corp. I have
enclosed \$450⁰⁰ which is 150⁰⁰ for 2002, 2003
and 2004.

Thank you very much

Troy Payne