APPROVED AND FILED

Fax Audit #(((H05000252912 3)))

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 OCT 28 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081r(B/05)

0305

DOCUMENT # P02000011976

1. Corporation Name

NATIONAL CLAIMS ADJUSTERS, INC.

2. Principal Office Address	3. Mailing Office Address
211 37th Street Ct East	P.O. Box 23632
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palmetto, FL	City & State: Tampa, FL
Zip: 34221 Country: Manatee	Zip: 33623-3632 Country: Manatee

4. Date Incorporated or Qualified To Do Business in Florida: 02/01/2002

5. FEI Number: 80-0034027 ☐ 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: David P. Ierulli

Street Address (P.O. Box Number is Not Acceptable): 211 37th Street Ct East

Suite, Apt. #, Etc.:

City: Palmetto, State: FL Zip Code: 34221

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: David Ierulli Date:

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,V,	David P. Ierulli	211 37th Street Ct East	Palmetto, FL 34221
S,T			

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: David Ierulli 10/28/05 (941) 721-8480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Fax Audit #(((H05000252912 3)))

K. Ecke OCT 31 2005

Blalock + Walters
ATTORNEYS AT LAW
Blalock, Walters, Held & Johnson, P.A.

Anthony D. Barturume
Robert G. Blalock
Lisbeth P. Bruce
Mary M. Clapp
Jonathan D. Fleece
Dana Carlson Gentry
Barbara Ann Held
Charles F. Johnson III
Mary Fabre LeVine
Melanie Luten
Fred E. Moore
Stephen G. Perry
William C. Robinson, Jr.
Robert S. Stroud
Aaron J. Tracy
Clifford L. Walters
James R. White

October 28, 2005

Department of State
Division of Corporations
Attn: Corporation Reinstatement
P.O. Box 6327
Tallahassee, FL 32314

RE: National Claims Adjusters, Inc. / Corporation Reinstatement
Document Number: P02000011976
OFN: 27176.000

Dear Sir/Madam:

Attached please find the Corporation Reinstatement application of National Claims Adjusters, Inc. Per my telephone conversation with your office, the fee for filing this reinstatement is $450.00. This corporation has never received any notices from your office.

We are filing this document via our Sunbiz account. Please deduct only $450.00 for this filing.

Please call our office if you have questions.

Kindest regards,

Arlene Silverman

Arlene Silverman
Paralegal

Encl.

Please reply to:
802 11th Street West • Bradenton, Florida 34205-7734
ph: 941.748.0100 • *fx:* 941.745.2093
P.O. Box 469 • Bradenton, Florida 34206-0469
asilverman@blalockwalters.com

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Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 076666003611
Phone : (941)748-0100
Fax Number : (941)745-2093

CORPORATION REINSTATEMENT

NATIONAL CLAIMS ADJUSTERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	~~$1,058.00~~

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PLEASE SEE ATTACHED LETTER.
PER YOUR OFFICE, FEE DUE ON THIS REINSTATEMENT IS $450.00.
CLIENT NEVER RECEIVED ANY NOTICES.
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Electronic Filing Menu Corporate Filing Public Access Help