2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000029021

1. Entity Name
CAVALIERE PUBLIC ADJUSTING SERVICE, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 22 PM 1:01

09/14/05 01035 004 $750.00

09122005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
12808 TEAKWOOD LANE BAYONET POINT, FL 34667	PO BOX 6178 HUDSON, FL 34673-6178

2. Principal Place of Business	3. Mailing Address
7236 State Road 52	7236 State Road 52
Suite, Apt. #, etc.: 9	Suite, Apt. #, etc.: 9
City & State: Bayonet Point	City & State: Bayonet Point
Zip: 34667 Country: USA	Zip: 34667 Country: USA

4. FEI Number: 02-0570120 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAVALIERE, SHARON R
12808 TEAKWOOD LANE
BAYONET POINT, FL 34667

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable):
7236 State Road 52 Ste 9

City: Bayonet Point FL Zip Code: 34667

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sharon R Cavaliere 9/20/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST CAVALIERE, SHARON R 12808 TEAKWOOD LANE BAYONET POINT, FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 7236 State Road 52 Ste 9
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800053908068 09/23/05--01057--001 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 04-05
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon R Cavaliere 9/20/05 (727) 8080333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #