

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
05 NOV -7 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# P02000083558

1. Corporation Name

AAA-ABLE Adjusters Associates, Inc.

REINSTATEMENT 04-05

CR2ED0110/093 NOV 08 2005

2. Principal Office Address 8130 Sunrise Lakes Blvd		3. Mailing Office Address 2150 Central Park Ave.	
Suite, Apt. #, etc. Building 59 Apt 210		Suite, Apt. #, etc. Suite # 203	
City & State FT. Lauderdale Florida		City & State Yonkers New York	
Zip 33322	Country U.S.A	Zip 10710	Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida 08/01/2002	
5. FEI Number 043706502	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 Philip Weinglass	
Street Address (P.O. Box Number is Not Acceptable) 1526 Whitehall Drive	
Suite, Apt. #, Etc. Apt # 205	
City FT Lauderdale	State FL
Zip Code 33324	

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

Philip Weinglass

REGISTERED AGENT MUST SIGN

Date *November 4, 2005*

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
Pres	Jason C. Greenberg	110-40 72nd AVE Forest Hills	Queens New York 11375
Sec.	Sheila Greenberg	3135 Johnson AVE Riverdale	Bronx New York 10463
Dir.	Buddie R. Greenberg	3135 Johnson AVE Riverdale	Bronx New York 10463

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: *Buddie R. Greenberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 4, 2005 914337-7800

Date

Daytime Phone #