

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000128213

1. Entity Name  
FLORIDA CLAIMS EXPERTS, INC.



FILED

2006 OCT 27 PH 2:22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business

10155 SW 117 Ave.

3. Mailing Address

same

Suite, Apt. #, etc.  
NO. 17

Suite, Apt. #, etc.

10112006 REIN-P CR2E098 (11/05)

City & State  
Miami FL

City & State

4. FEI Number  
27-0039821

Applied For  
Not Applicable

Zip  
33190

Country  
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, ROBERT  
250 CATALONIA AVE #801  
CORAL GABLES, FL 33134

Name

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

10155 SW 117 Ave. NO. 17

City  
Miami

FL

Zip Code 33190

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

*[Signature]*

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D  
NAME LOPEZ, ROBERT  
STREET ADDRESS 250 CATALONIA AVE #801  
CITY-ST-ZIP CORAL GABLES, FL 33134

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME Only Address:  
STREET ADDRESS 10155 SW 117 Ave. NO# 17  
CITY-ST-ZIP Miami, FL 33190

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 exemptions contained in Chapter 119, 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #