

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000091294

**FILED**  
**Oct 26, 2009**  
**Secretary of State**

**Entity Name:** NATIONAL LOSS CONSULTANTS, INC.

**Current Principal Place of Business:**

633 NE 167TH ST  
SUITE 725  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

633 NE 167TH ST  
SUITE 725  
NORTH MIAMI BEACH, FL 33162 US

**Current Mailing Address:**

633 NE 167TH ST  
SUITE 725  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

633 NE 167TH ST  
SUITE 725  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 20-0163117

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLUMBERG, ABRAHAM  
633 NE 167TH ST  
SUITE 725  
NORTH MIAMI BEACH, FL 33162 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** ABRAHAM BLUMBERG

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BLUMBERG, ABRAHAM  
Address: 633 NE 167TH ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DV ( ) Delete  
Name: ORZECOWITZ, ISAAC  
Address: 825 NE 172ND TERR  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: AVP ( ) Delete  
Name: FISCHLER, SUSAN  
Address: 633 NE 167TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: S ( ) Delete  
Name: BLUMBERG, JACOB  
Address: 633 NE 167TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: COO ( ) Delete  
Name: BLUMBERG, CHAIM  
Address: 633 NE 167TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ABRAHAM BLUMBERG

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10/26/2009

Electronic Signature of Signing Officer or Director

Date