

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 30, 2006 8:00 A.M.**  
**Secretary of State**

DOCUMENT # P04000030753

1. Corporation Name

M.E.S. PUBLIC ADJUSTERS INC.

2. Principal Office Address

P.O. BOX 558081

Suite, Apt. #, etc.

City & State

Miami,

Zip  
33255

Country

Miami-Dade

3. Mailing Office Address

P.O. BOX 558081

Suite, Apt. #, etc.

City & State

Miami,

Zip  
33255

Country

Miami-Dade

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

77-0623432

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

REYNOSO, MIREYA

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

6550 SW 53 Terr

Suite, Apt. #, Etc.

City

Miami,

200073901542

05/03/06 01030-012 \*\* 50.00

State

FL

Zip Code

33155

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

REGISTERED AGENT MUST SIGN

Date

4/4/06

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--	REYNOSO, MIREYA	P.O. BOX 558081	Miami, FL 33255
VP	SUAREZ, EDGAR	P.O. BOX 558081	Miami, FL 33255

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

M. Williams MAR 30 2006