

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000153994

**FILED**  
**Oct 08, 2009**  
**Secretary of State**

**Entity Name:** SCHOFIELD & ASSOCIATES PUBLIC ADJUSTING INC.

**Current Principal Place of Business:**

2018 NE 10TH PLACE  
CAPE CORAL, FL 33909 US

**New Principal Place of Business:**

**Current Mailing Address:**

2018 NE 10TH PLACE  
CAPE CORAL, FL 33909 US

**New Mailing Address:**

**FEI Number:** 73-1722006

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHOFIELD, DENNIS M  
2018 NE 10TH PLACE  
CAPE CORAL, FL 33909 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:** DENNIS M SCHOFIELD

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:** P ( ) Delete  
**Name:** SCHOFIELD, JONATHAN  
**Address:** 4554 LEONARD BLVD  
**City-St-Zip:** LEHIGH ACRES, FL 33971 US

**Title:** VPST ( ) Delete  
**Name:** SCHOFIELD, DENNIS M  
**Address:** 2018 NE 10TH PLACE  
**City-St-Zip:** CAPE CORAL, FL 33909

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

**Title:** P (X) Change ( ) Addition  
**Name:** SCHOFIELD, DENNIS M  
**Address:** 2018 NE 10TH PLACE  
**City-St-Zip:** CAPE CORAL, FL 33909 US

**Title:** VPST (X) Change ( ) Addition  
**Name:** SCHOFIELD, JONATHAN M  
**Address:** 768 LONGBOW LANE  
**City-St-Zip:** LEHIGH ACRES, FL 33972

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:** DENNIS M SCHOFIELD

P

10/08/2009

Electronic Signature of Signing Officer or Director

Date