

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 APR 14 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

06-08

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04/14/08--01006--017 ***450.00

CR2E081 (1/07)

DOCUMENT # P05000056670
1. Corporation Name
ALLSTATE PUBLIC ADJUSTERS,
Inc.

2. Principal Office Address - No P.O. Box #
2492 SW Street
3. Mailing Office Address
State, Apt. #, etc.
City & State
Zip Country
Miami, FL
33145 USA

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number 20-4136157 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$2.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name
Jorge Castellanos
Street Address (P.O. Box Number is Not Acceptable)
2492 SW Street
City, State, Zip Code
Miami, FL 33145

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.
Signature of Registered Agent
Date
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Position	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D-1	Jorge Castellanos	2492 SW Street	Miami, FL 33145

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.

11. SIGNATURE: [Signature] Date: 04-09-08 Daytime Phone #: 34446030