

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

08 JUL 14 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

dy 7-17

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000158155

1. Corporation Name

A.C.C. Public Adjusters, INC

2. Principal Office Address - No P.O. Box #

1511 SW 90 AV

3. Mailing Office Address

1511 SW 90 AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33174

Country

Dade

Zip

33174

Country

Dade

7. Name and Address of Current Registered Agent

Name

Adolfo C. Carmenate.

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

1511 SW 90 AV

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33174

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 07-09-08

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	Adolfo C. Carmenate	1511 SW 90 AV	Miami FL 33174

700132892707
07/14/08--01059--002 **300.00

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

07-09-08

Date

Daytime Phone #

REINSTATEMENT -08

Florida Department of State
Division of Corporations

To Whom It May Concern:

Just a few days ago I just send a Corporation Reinstatement that below to A.C.C. Public Adjusters, INC. This is the document number # P05000158155.

However we didn't receive the annual report because the address was change.

On the phone the official person said that I just need to send 300 dollars with the reinstatement form.

Thanks for your time.

Atty
Adolfo C. Carmenates.

