

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000039220

**FILED**  
**Apr 03, 2009**  
**Secretary of State**

**Entity Name:** ALLIED FEDERAL ADJUSTING INC.

**Current Principal Place of Business:**

ONE SW 69 AVENUE  
MIAMI, FL 33144

**New Principal Place of Business:**

7280 SW 4TH STREET  
MIAMI, FL 33144

**Current Mailing Address:**

ONE SW 69 AVENUE  
MIAMI, FL 33144

**New Mailing Address:**

7280 SW 4TH STREET  
MIAMI, FL 33144

**FEI Number:** 20-4526030      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SESIN, LEONARDO V ESQ.  
5950 WEST 16TH AVENUE  
HIALEAH, FL 33012 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: LEONARDO SESIN

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: D ( ) Delete  
Name: ALBITE, CHARITY A  
Address: 7280 SW 4TH STREET  
City-St-Zip: MIAMI, FL 33144

Title: D ( ) Delete  
Name: NOVELO, AILYN  
Address: 7280 SW 4TH STREET  
City-St-Zip: MIAMI, FL 33144

Title: O ( ) Delete  
Name: NOVELO, DAMIEN  
Address: 7280 SW 4TH STREET  
City-St-Zip: MIAMI, FL 33144

**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:

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: CHARITY ALBITE

D

04/03/2009

Electronic Signature of Signing Officer or Director

Date