

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