

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 OCT 24 PH 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO60000 72274

1. Corporation Name

JDJ ADJUSTING SERVICES, INC.

800137266278  
10/24/08--01046--007 \*\*900.00

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

411 WALNUT ST #3303

Suite, Apt. #, etc.

3303

City & State

GREEN COVE SPRINGS, FL

Zip

32043

Country

USA

3. Mailing Office Address

411 WALNUT ST #3303

Suite, Apt. #, etc.

3303

City & State

GREEN COVE SPRINGS, FL

Zip

32043

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5-12-2006

5. FEI Number

204892854

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DEVISE ANDREWS

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

411 WALNUT ST. #3303

Suite, Apt. #, Etc.

# 3303

City

GREEN COVE SPRINGS

State

FL

Zip Code

32043

☒ 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 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-21-08

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
D	ANDREWS, JAMES III	411 WALNUT ST. #3303	GREEN COVE SPRINGS FL 32043
D	ANDREWS, DEVISE	411 WALNUT ST. #3303	GREEN COVE SPRINGS FL 32043

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

10-21-08

Date

772-713-5803

Daytime Phone #