

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 SEP 18 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000100233

1. Corporation Name

CAC ADJUSTING, INC.

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

6350 CORAL WAY, MIAMI

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33155

Country

USA

3. Mailing Office Address

6350 CORAL WAY  
MIAMI, FL 33155

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33155

Country

USA

600160821606

09/18/09--01048--005 \*\*450.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified  
To Do Business in Florida

7/31/06

5. FEI Number

☐ 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

CHRISTIAN A. CASTELLANUS

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

6350 CORAL WAY

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

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 9/14/09

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	CHRISTIAN CASTELLANUS	6350 CORAL WAY MIAMI, FL 33155	MIAMI, FL, 33155

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

Date

9/14/09

Daytime Phone #