

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000107137

**FILED**  
**Nov 08, 2013**  
**Secretary of State**

**Entity Name:** LET US CLAIM CONSULTANTS INSURANCE INC.

**Current Principal Place of Business:**

431 NW 153 ST  
MIAMI, FL 33169

**New Principal Place of Business:**

320 S FLAMINGO RD  
174  
PEMBROKE, FL 33027

**Current Mailing Address:**

431 NW 153 ST  
MIAMI, FL 33169

**New Mailing Address:**

320 S FLAMINGO RD  
174  
PEMBROKE, FL 33027

**FEI Number:** 80-0315184

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ, RAMON  
431 NW 153 ST.  
MIAMI, FL 33169 US

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

RODRIGUEZ, RAMON  
9455 SW 20 ST  
MIRAMAR, FL 33025 US

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: RAMON RODRIGUEZ

11/08/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RODRIGUEZ, RAMON  
Address: RAMON RODRIGUEZ  
City-St-Zip: MIRAMAR, FL 33025

Title: VPD  
Name: OCASIO, EMELYN  
Address: 9455 SW 20 ST  
City-St-Zip: MIRAMAR, FL 33025

I hereby 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 all other like empowered.

SIGNATURE: RAMON RODRIGUEZ

PD

11/08/2013

Electronic Signature of Signing Officer or Director

Date