

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2006 DEC 26 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P92000013198

1. Corporation Name

RMA ADJUSTERS & APPRAISERS, INC.

2. Principal Office Address

9215 SW 32 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33165

Country

Miami-Pado

3. Mailing Office Address

Same as principal

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/92

5. FEI Number

650374898

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

RUTH M. ALVAREZ

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

9215 SW 32 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12/8/06

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, P	Ruth M Alvarez	9215 SW 32 St.	Miami, FL 33165

B 12/27/04

REINSTATEMENT 02-04

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]* Ruth M Alvarez

Date

12/8/06 498-9398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

page 2 of 2

December 8<sup>th</sup>, 2006

Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Reinstatement Department  
RMA Adjusters & Appraisers, Inc.  
FEI: 650374898

To Whom It May Concern:

Please let this correspondence serve as a request for reinstatement of the aforementioned Corporation. On 9/22/00 the Corporation was administratively dissolved due to failure to file an annual report. RMA did not receive notice for the year 2000. Therefore, we request that you waive the late fees. Attached you will find the completed reinstatement form and a check in the amount of \$908.75 (\$8.75 to cover a Status Certificate). We will be filing an annual report in 2007, please send us notice when the time arises. Should you wish to further discuss this matter, feel free to contact the undersigned. Thanking you for your time and attention to this matter, I remain,

Very truly yours,



Ruth M. Alvarez  
Director

RA/hsf

Enclosure: - Check #4847 & Re-instatement form