

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000048435

1. Corporation Name

NATIONAL ADJUSTMENT CORPORATION

Principal Place of Business

3909 NE 163 STREET, SUITE 305
N MIAMI BEACH
FLORIDA 33160
USA

Mailing Address

3909 NE 163 STREET #305
N MIAMI BEACH
FLORIDA 33160
USA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1995

5. FEI Number

65-0633016

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	PARRILLO, RICHARD, JR.	3909 NE 163 Street Suite 305	N. Miami Beach, FL 33160
SD	PARRILLO, MICHAEL	815 W. Van Buren Street, #400	Chicago, IL 60607
T	RIVARD, JEAN-GUY	3909 NE 163 Street, 3rd Flr	N. Miami Beach, FL 33160
D	PARRILLO, RICHARD, SR.	3909 NE 163 Street, 3rd Flr	N. Miami Beach, FL 33160
D	PARRILLO, BEAU	3909 NE 163 Street, 3rd Flr	N. Miami Beach, FL 33160
D	McCARTHY, BARBARA	20 Baybrook Lane	Oakbrook, IL 60521

8. Name and Address of Current Registered Agent

GRIMSLEY, CHARLES
3909 NE 163 Street, 3rd Flr
N. Miami Beach, FL 33160

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Charles J. Grimsley
REGISTERED AGENT MUST SIGN

Date

5/6/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

Jean Guy Rivard, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05-06-98

Daytime Phone #

305-948-7832

FILED

98 JUL -1 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400002583134--4
-07/08/98--01071--012
***1050.00 ***1050.00

REINSTATEMENT 96-98

CR2E040 (12/96)