

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *an*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000078327**

1. Corporation Name

RELIABLE ADJUSTMENT BUREAU OF FLORIDA, INC.

Principal Place of Business

Mailing Address

685 E COCHRAN STREET
SUITE 200
SIMI VALLEY CA 93065
US

685 E COCHRAN ST
SUITE 200
SIMI VALLEY CA 93065
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/1995

5. FEI Number

65-0636472

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
T	DEUTSCH, MELVIN	685 E COCHRAN ST, #200	SIMI VALLEY CA 93065
S	FOUST, JAMES P	535 W 130 ST	LOS ANGELES CA 90061
PCEO	HARALSON, STEVE	685 E COCHRAN ST	SIMI VALLEY CA 93065
			600003035646--7 -11/04/99--01096--004 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

C T CORPORATION SYSTEM

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

1200 Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

J.M. Angelo-Thomas
J.M. Angelo-Thomas

REGISTERED AGENT MUST SIGN

Asst. Secretary

Date October 22, 1999

11. 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:

Melvin Deutsch
Melvin Deutsch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/99

Date

(805) 577-7440

Daytime Phone #