

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 # 996000103913			
1. Corporation Name FS Adjusters, INC			
Principal Place of Business 378 Whooping Loop Ste 1250		Mailing Address same	
ALTAMONTE SPRINGS FL 32701			
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		Zip	
Country		Country	
		P.O. Box 805	
		Hunt Valley, Md	
		21030-0905	
		4. Date Incorporated or Qualified To Do Business in Florida 12/23/96	
		5. FEI Number 52-1820041	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4
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
Pres.	Kolodziejki, Joseph	4815 Galley Rd	BALTIMORE, Md 21238
VP	Eisenberg, MARK	1802 Crossland Rd	Pikesville, Md 21208
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CT Corp Systems		Name	
1200 SO PINE ISLAND Rd		Street Address (P.O. Box Number is Not Acceptable)	
PLANTATION, FL 33324		Suite, Apt. #, Etc.	
		City	
		State	
		Zip Code	
		FL	
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		Date	
PETER F. SOUZA		11/6/98	
ASSISTANT SECRETARY			
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/>			
(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: [Signature]			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date			
Daytime Phone #			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR20040 (1/98)