PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 DEC 10 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PRIVATE ADJUSTER, INC.
P98000102821

2. Principal Office Address	**3.** Mailing Office Address
7027 W. Broward Blvd.	7027 W. Broward Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 160	#160
City & State	City & State
PLANTATION, FLA.	PLANTATION, FLA.
Zip: 33317 Country: U.S.	Zip: 33317 Country: U.S.

REINSTATEMENT 0001

4. Date Incorporated or Qualified To Do Business in Florida: 12/10/98

5. FEI Number: NONE — Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1-8340 Coral Way, 6th Floor

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33145

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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: SPIEGEL & UTRERA, P.A.
By: Natalia Utrera, Vice President
REGISTERED AGENT MUST SIGN

Date: 12/7/01

CR2E081 (9/00)

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
PRES.	Gerald Goodwin	181 S.W. 94 TERRACE	PLANTATION, FLA. 33324
VICE PRES.	PATRICIA Goodwin	181 S.W. 94 TERRACE	PLANTATION, FLA. 33324
S	Evelynne CARMAN	181 S.W. 94 TERRACE	PLANTATION, FLA. 33324

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 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: Patricia Goodwin 12/4/01 (954) 648-9175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #