

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 26 AM 9:50

DOCUMENT # P99000003465

1. Corporation Name

ALVAREZ ADJUSTING BUREAU, INC.

Principal Place of Business

8421 N.W. 8<sup>TH</sup> STREET #304  
MIAMI FL 33126

Mailing Address

P O BOX 440743  
MIAMI FL 33134



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

5. FEI Number

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
Pres.	George Alvarez	8421 N.W. 8 <sup>TH</sup> STREET, #304	MIAMI, FLA. 33126

8. Name and Address of Current Registered Agent

ALVAREZ, GEORGE

8421 N.W. 8<sup>TH</sup> STREET #304

MIAMI FL 33126 N.W.

9. Name and Address of New Registered Agent

Name

George Alvarez

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

8421 N.W. 8<sup>TH</sup> STREET

Suite, Apt. #, Etc.

# 304

City

MIAMI

State

FL

Zip Code

33126

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

George Alvarez  
REGISTERED AGENT MUST SIGN

Date

10/24/2000

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:

George Alvarez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #

10/24/2000 (305) 469-8033