

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

05 AUG -5 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. Eckel AUG 11 2005

DOCUMENT # PA000007552

1. Corporation Name

ADJUSTER SERVICES, INC.

2. Principal Office Address

57 South Coyle St.

Suite, Apt. #, etc.

3. Mailing Office Address

57 South Coyle St.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32501

Country

USA

Zip

32501

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1/20/1999

5. FEI Number

593563404

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

Juliana Thompson

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

57 South Coyle Street

Suite, Apt. #, Etc.

700058534307

08/12/05--01049--011 \*\*150.75

City

Pensacola

State

FL

Zip Code

32501

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

Juliana Thompson  
REGISTERED AGENT MUST SIGN

Date 8/1/05

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
D	Juliana Thompson	57 South Coyle St.	Pensacola, FL 32501

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:

Juliana Thompson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/05 850-478-9696

Date

Daytime Phone #

CR2E081 (01/05)