PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

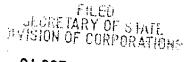
DIVISION OF CORPORATIONS

DOCUMENT #

P99000031427

1. Corporation Name

ALL FLORIDA PUBLIC ADJUSTERS, INC.



01 OCT 15 AM 9:13

Daytime Phone #

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Principal P	lace of Busine	ss	 Mailing Address 	∋ss		ئىد بىمىنى دەمەمەد،			California de T	
1751 BAYVIEW DR. NEW SMYRNA BEACH FL 32168				1751 BAYVIEW DR. NEW SMYRNA BEACH FL 32168						
						DEIM	STATEM	CAIT	A STATE OF THE STA	
If above addresses are incorrect in any way, line through incorrect in							DIVIEN	iciai i	<u> </u>	
New Principal Office Address, If Applicable 3. New Maili				ing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt. #, etc. Suite, Apt. #,				etc.		- 04/01/1999				
City & City				City & State		5. FEI Numbe	59-0624416		Applied For	
City & State			City & State	City & State			Thot Applicable			
Zip Country		Zip		Country	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee r for a Certificate of S					
7. Names	and Street Ad	dresses of Each Officer	and/or Director (Flo	rida nonprof	it corporations must list at lea	ast 3 directors)				
Title(s)				3	Street Address of Each Officer and/or Director					
Р	MATHIS, MELANIE W			1751 BA	YVIEW DRIVE	NEW SMYRNA BEACH FL 32168				
					i., .	10/23	1000046 -10/25/0 ****750);0107 ;-00 ***	5009 **750.00	
8. Name and Address of Current Registered Agent						9. Name and	Address of New Regist	ered Agent		
ROGERS, NORMA F 351 WEST ARIEL RD. EDGEWATER FL 32141					Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code					
10. I, being	of no.	e registered agent of the	WI HE	RE	amiliar with and accept the of	bligations of Sect	Date	FL /2.00/		
			REGISTERED AG	ENT MUST	SIGN					
					execute this application as p					

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR