2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000031427

Entity Name: ALL FLORIDA PLIBLIC ADJUSTERS INC.

FILED Oct 19, 2004 Secretary of State

Entity Name: ALL 1	ONIDAT OBLIC ADSOCILIO, II	110.		
Current Principal Place of Business:		New Principal Place of Business:		
1751 BAYVIEW DR. NEW SMYRNA BEAC	H, FL 32168			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
1751 BAYVIEW DR. NEW SMYRNA BEAC	H, FL 32168			
FEI Number: 59-0624416	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
ROGERS, NORMA F 351 WEST ARIEL RD. EDGEWATER, FL 32141 US		PEEVEY, STEPHANIE 1751 BAYVIEW DRIVE NEW SMYRNA BEAC	=	
The above named enti in the State of Florida.	ty submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: STEPHANIE J PEEVEY			10/19/2004	
Elect	ronic Signature of Registered Ag	ent	Date	
	.193(2)(b), F.S., the corporation did n cing Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P Name: MATHIS, ME Address: 1751 BAYVI City-St-Zip: NEW SMYR		Title: Name: Address: Citv-St-Zip:	() Change () Addition	

FT LAUDERDALE, FL 33312

City-St-Zip:

Title: (X) Delete Title: () Change () Addition ROBINSON, STEPHEN J Name: Name: Address: 1751 BAYVIEW DR. Address: NEW SMYRNA BEACH, FL 32168 City-St-Zip: City-St-Zip: Title: Title: () Change () Addition (X) Delete Name: GANTZ, DAVID Name: Address: 5201 SW 31ST AVE #107 Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MELANIE W. MATHIS **PRES** 10/19/2004