

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 24 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *P-99000031427*

1. Corporation Name  
*All Florida Public Adjusters Inc.*  
*102801*

2. Principal Office Address  
*1751 Bayview Drive*  
Suite, Apt. #, etc.

3. Mailing Office Address  
*1751 Bayview Drive*  
Suite, Apt. #, etc.

City & State  
*New Smyrna Bch, FL*

City & State  
*New Smyrna Bch. FL*

Zip Country  
*32168 USA*

Zip Country  
*32168 USA*

**REINSTATEMENT** *02-03*

4. Date Incorporated or Qualified  
To Do Business in Florida *4-06-1999*

5. FEI Number  
*59-3570481* 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  
*Norma Rogers*

Street Address (P.O. Box Number is Not Acceptable)  
*351 W. Ariel Rd.*

Suite, Apt. #, Etc.

City  
*Edgewater FL 32141*

State Zip Code  
*FL 32141*

*700024946757*  
*11/24/03--01013--DIO \*\*300.00*

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 *Norma F. Rogers*

Date *11-09-03*

REGISTERED AGENT MUST SIGN

**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
<i>President</i>	<i>Melanie W. Mathis</i>	<i>1751 Bayview Dr.</i>	<i>New Smyrna Bch FL 32168</i>
<i>Vice President</i>	<i>Stephen J. Robinson</i>	<i>1751 Bayview Dr.</i>	<i>New Smyrna Bch. FL 32168</i>
<i>Vice President II</i>	<i>David Gantz</i>	<i>5201 SW 31st Ave #107</i> <i>Ft. Lauderdale</i>	<i>Ft Lauderdale FL 33312</i>

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: *Melanie W. Mathis*  
*Melanie W. Mathis President 11-09-2003 386-409-9933*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

11-09-03

From: All Florida Public Adjusters Inc.  
1751 Bayview Drive  
New Smyrna Bch. FL.  
32168

Attn: Fl. Dept. of State  
Corp. Reinstatement

Dear Sirs,

I spoke with an examiner at your office today. I did not receive the Uniform Business Report for 2002. I was told to inform you of this and to forward \$300.<sup>00</sup> to be reinstated.

I was also in a near fatal car crash that year and am recovering and hope you will accept & reinstate All Florida Public Adjusters. The accident was Dec. 8, 2001.

Thank You,

Melanie W. Mathis Pres.  
All Florida Public Adjusters