

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

8192

CORPORATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 18 PM 2:15

DOCUMENT # 999000049777

1. Corporation Name

MIAMI ADJUSTING CORP

2. Principal Office Address

16300 NE 19 AVE

Suite, Apt. #, etc.

218

City & State

N. MIAMI BCH

Zip

FL 33162

Country

U.S.A.

3. Mailing Office Address

16300 NE 19 AVE

Suite, Apt. #, etc.

218

City & State

N. MIAMI BCH

Zip

33162

Country

USA

000003514600--0  
-12/27/00-01070-007  
\*\*\*150.00 \*\*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

6/2/99

5. FEI Number

65-0925051

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PASCHAL O'ROURKE

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

16300 NE 19 AVE

Suite, Apt. #, Etc.

218

City

N. MIAMI BCH

State

FL

Zip Code

33162

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

Paschal J O'Rourke

Date 11/20/00

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
DIRECTOR	PASCHAL O'ROURKE	16300 NE 19 AVE, #218 N. MIAMI BCH, FL 33162	
DIRECTOR	MOISE LAMOUR	16300 NE 19 AVE, #218 N. MIAMI BCH, FL 33162	

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:

Paschal J O'Rourke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/20/00

Daytime Phone #

305 949 9040

16300 NE 19 Ave  
Suite 218  
N Miami Beach, FL 33162

**The Miami Adjusting Corporation**

Tel : (305) 949-9040  
Fax : (305) 949-9140

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November 21, 2000

Department Of State  
Division Of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE FEI # : 65-0925051

To whom it may concern,

Please find enclosed completed application for Corporation Reinstatement along with a check in the amount of \$150.00.

I never received an original application as I moved address when I purchased a new home. I moved into my new home on approximately August 31, 1999.

My previous address was listed as 31 Venetian Way, Miami Beach, FL 33139 and when I moved, I completed a change of address form at the local post office.

Please consider my request for reinstatement as I do not have available funds to pay the larger amount of money.

I eagerly await your response.

Sincerely,

  
Paschal J. O'Rourke

President