

F96000002272

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: DAMAGE RECOVERY SYSTEMS, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

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***78.75 ***78.75

DARRYL M. MOLL
(Name of Person)

DAMAGE RECOVERY SYSTEMS, INC.
(Firm/Company)

31 ROBINSON ST.
(Address)

POTTSTOWN, PA 19464
(City/State/Zip)

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 96 MAY -3 AM 10:35
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Should you need to call someone concerning this matter, please call:

DARRYL M. MOLL at (610) 323-3037
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:*

1. DAMAGE RECOVERY SYSTEMS, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. PENNSYLVANIA 3. 23-2625843
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/2/90 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. MAY 6, 1996
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 31 ROBINSON STREET
POTTSTOWN, PA 19464
(Current mailing address)

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8. TO TRANSACT ANY AND ALL BUSINESS ALLOWABLE BY A CORPORATION.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: SANDRA BUCK
LAKELAND REGIONAL INDUSTRIAL /INDUSTRIAL PARK
Office Address: SUITE 25
7105 NEW TAMPA HIGHWAY
LAKELAND, Florida, 33801
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Sandra C. Buck
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: G. JOSEPH CRISPYN

Address: 2420 ANDELL WAY
JOHNS ISLAND, SC 29455

Vice Chairman: MICHAEL R. TUCKER

Address: 1748 HONEYSUCKLE LANE
POTTSTOWN, PA 19465

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: G. JOSEPH CRISPYN

Address: 2420 ANDELL WAY
JOHNS ISLAND, SC 29455

Vice President: MICHAEL R. TUCKER

Address: 1748 HONEYSUCKLE LANE
POTTSTOWN, PA 19465

Secretary: MICHAEL R. TUCKER

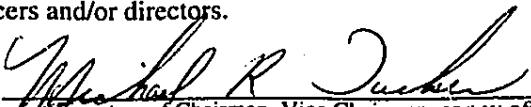
Address: 1748 HONEYSUCKLE LANE
POTTSTOWN, PA 19465

Treasurer: MICHAEL R. TUCKER

Address: 1748 HONEYSUCKLE LANE
POTTSTOWN, PA 19465

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael R Tucker Sec/Treas
(Typed or printed name and capacity of person signing application)



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

APRIL 25, 1996

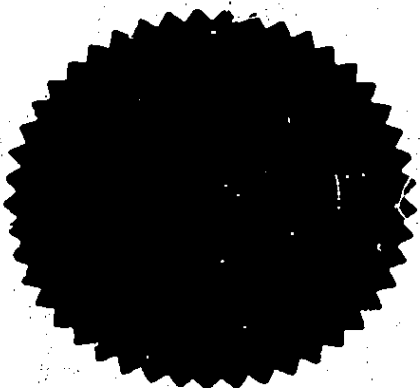
TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

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I DO HEREBY CERTIFY THAT,

DAMAGE RECOVERY SYSTEMS, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

SWAL

Document Number Only

F96000002272

CI CORPORATION SYSTEM

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*****35.00 *****35.00

660 EAST JEFFERSON STREET

Requestor's Name
TALLAHASSEE, FL 32301

Address
222-1092

City State Zip Phone

CORPORATION(S) NAME

Damage Recovery Systems, Inc.

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TALLAHASSEE FLORIDA

- Profit
- NonProfit
- Limited Liability Co.
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
- Amendment
- Dissolution/Withdrawal
- Annual Report
- Reservation
- Photo Copies
- Call if Problem
- Will Wait
- Merger
- Mark
- Other
- Change of R.A.
- Fictitious Name Filing
- CUS
- After 4:30
- Pick Up

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

4/15/97

4/15/97
Withdrawal

RECEIVED
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