

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000000788

FILED
Oct 10, 2007
Secretary of State

Entity Name: CLAIMS ASSOCIATION OF TALLAHASSEE, INC.

Current Principal Place of Business:

2888 MAHAN DRIVE
SUITE 7
TALLAHASSEE, FL 32308

New Principal Place of Business:

305 S. GADSDEN ST.
TALLAHASSEE, FL 32301

Current Mailing Address:

2888 MAHAN DRIVE
SUITE 7
TALLAHASSEE, FL 32308

New Mailing Address:

305 S. GADSDEN ST.
TALLAHASSEE, FL 32301

FEI Number: 20-0990458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDEN, CLAUDE M ESQ.
2888 MAHAN DRIVE
SUITE 7
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

HARDEN, CLAUDE M ESQ.
305 S. GADSDEN ST.
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CLAUDE M. HARDEN, III

10/10/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOWDY, TERESA
Address: 2888 MAHAN DRIVE SUITE 7
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD () Delete
Name: AUTREY, LISA
Address: 2888 MAHAN DRIVE SUITE 7
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD () Delete
Name: CRUICKSHANK, MARY
Address: 2888 MAHAN DRIVE SUITE 7
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD () Delete
Name: HARDEN, CLAUDE M III
Address: 2888 MAHAN DRIVE SUITE 7
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: BRENNEMEN, ERIKA SGT.AA
Address: 2888 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: LASLIE, LISEL
Address: 2888 MAHAN DRIVE SUITE 7
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD (X) Change () Addition
Name: HARDEN, CLAUDE M III
Address: 305 S. GADSDEN ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDE M. HARDEN, III

TD

10/10/2007

Electronic Signature of Signing Officer or Director

Date