

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000009460

FILED
Oct 20, 2009
Secretary of State

Entity Name: P.R.O.C.L.A.I.M. WORLDWIDE INC.

Current Principal Place of Business:

1107 N.W. 6TH ST.
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1107 N.W. 6TH ST.
FT. LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 20-1810417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MAXWELL, T.C.
1107 N.W. 6TH ST.
FT. LAUDERDALE, FL 33311 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: TERRY C MAXWELL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MAXWELL, T.C.
Address: 5020 RIDGE OAK WALK S.E.
City-St-Zip: MABLETON, GA 30126

Title: DV () Delete
Name: MAXWELL, AUDREY R
Address: 5020 RIDGE OAK WALK S.E.
City-St-Zip: MABLETON, GA 30126

Title: DT () Delete
Name: THOMPSON, RONNY
Address: 10648 VERSAILLIES BLVD.
City-St-Zip: WELLINGTON, FL 33449

Title: D () Delete
Name: MOORE, HERBERT C
Address: 8959 SPRING HARVEST LANE WEST
City-St-Zip: JACKSONVILLE, FL 32244

Title: S () Delete
Name: BING, LEON
Address: 11705 CHERRY PARK DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: DP () Change (X) Addition
Name: MAXWELL, TERRY C
Address: 5020 RIDGE OAK WALK S.E.
City-St-Zip: MABLETON, GA 30126

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: TERRY C MAXWELL

DP

10/20/2009

Electronic Signature of Signing Officer or Director

Date