

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**  
1997 MAR -7 PM 3: 53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P39442**

1. Corporation Name

**ENS CLAIMS MANAGEMENT, INC.**

Principal Place of Business

300 SOUTH ST. PAUL STREET  
SUITE 870  
DALLAS TX 75201  
US

Mailing Address

300 SOUTH ST. PAUL STREET  
SUITE 870  
DALLAS TX 75201  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/29/1992

5. FEI Number

75-1993148

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City
DP	BIEGLER, D.W.	300 S. ST PAUL ST	DALLAS TX
DV	SATTERWHITE, W.T.	300 S. ST PAUL ST	DALLAS TX
D	<del>SINGER, G.R.</del> M.E. RESCOE	300 S. ST PAUL ST	DALLAS TX
S	FRALEY, F.W., III	300 S. ST PAUL ST	DALLAS TX
T	GALLATIN, A.E.	300 S. ST PAUL ST	DALLAS TX
VPC	PINKERTON, J. W	300 SOUTH ST. PAUL STREET	DALLAS TX

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
4200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

**REINSTATEMENT**  
Street Address (P.O. Box Number Is Not Acceptable)  
0000002109730--8  
Suite, Apt. #, Etc.  
-03/11/97--01047--006  
\*\*\*200.00 \*\*\*200.00  
City  
State  
FL  
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*C. Morales*

C. Morales

REGISTERED AGENT MUST SIGN

Date 12/31/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

*F.W. Fraley III*  
F.W. FRALEY III  
Secretary

Date

Daytime Phone #

10-22-96

CR25040 (7/96)