


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |                                   |   |  |  |                          |
|---|-----------------------------------|---|--|--|--------------------------|
| <b>CORPORATION REINSTATEMENT</b>  |                                   |  |  | <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |                          |
| <b>DOCUMENT # P98000069666</b>  |                                   |   |  |  |                          |
| 1. Corporation Name<br><b>FLORIDA CLAIMS CONSULTANTS, INC.</b>  |                                   |   |  |  |                          |
| 2. Principal Office Address<br><b>362 Gulf Breeze Parkway</b>   |                                   |   | 3. Mailing Office Address<br><b>Same</b> |  |                          |
| Suite, Apt. #, etc<br><b>#115</b>   |                                   |   | Suite, Apt. #, etc                       |  |                          |
| City & State<br><b>Gulf Breeze, FL</b>  |                                   |   | City & State                             |  |                          |
| Zip<br><b>32561</b>   | Country<br><b>US</b>              | Zip   | Country                                  | 4. Date Incorporated or Qualified To Do Business in Florida<br><b>6/6/98</b>           |                          |
| 5. FEI Number<br><b>20-3186567</b>  |                                   |   |  | Applied For<br>Not Applicable  |                          |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>   |                                   |   |  | 58.75 Additional Fee required for a Certificate of Status                              |                          |
| 7. Name and Address of Current Registered Agent   |                                   |   |  |  |                          |
| Name<br><b>Emily Green</b>  |                                   |   |  |  |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>362 Gulf Breeze Parkway</b>  |                                   |   |  |  |                          |
| Suite, Apt. #, Etc.<br><b>#115</b>  |                                   |   |  |  |                          |
| City<br><b>Gulf Breeze</b>  |                                   |   |  | State<br><b>FL</b>   | Zip Code<br><b>32561</b> |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.C505 or 617.0503, F.S.  |                                   |   |  |  |                          |
| Signature of Registered Agent<br><i>Emily Green</i>   |                                   |   | Date<br><b>7-22-05</b>                   |  |                          |
| 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   |                          |
| PSTD  | Emily Green                       | 362 Gulf Breeze Parkway, #115   |  | Gulf Breeze, FL 32561  |                          |
|   |                                   |   |  |  |                          |
|   |                                   |   |  |  |                          |
|   |                                   |   |  |  |                          |
|   |                                   |   |  |  |                          |
| 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: <i>Emily Green</i>   |                                   |   | Date: <b>7-22-05</b>                     |  | 850-479-2799             |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                   |   | Daytime Phone #                          |  |                          |

CR2001101005

*MM*  
7/26/05