

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000002447

1. Corporation Name

PALADIN CLAIMS RECOVERY, INC.

Principal Place of Business

3701 EXECUTIVE CENTER DR. STE. 205
AUSTIN TX 78731

Mailing Address

3701 EXECUTIVE CENTER DR. STE. 205
AUSTIN TX 78731

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

2. New Principal Office Address, if Applicable

96082 Victorias Place

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

96082 Victorias Place

Suite, Apt. #, etc.

City & State
Yulee, FloridaZip
32097Country
NASSAUCity & State
Yulee, FloridaZip
32097Country
NASSAU4. Date Incorporated or Qualified
To Do Business in Florida

05/10/2002

5. FEI Number

91-1927715

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	4. City / State / Zip
CP	JOHNSON, ED	1601 GERBING ROAD STE. 260 96082 Victorias Place	AMELIA ISLAND FL 32034 Yulee, FL 32097
DVPS	MOON, SUSAN	3701 EXECUTIVE CENTER DR. STE. 2 3737 Executive Center Dr Ste 200	AUSTIN TX 78731
T	MOON, SUSAN	3701 EXECUTIVE CENTER DR. STE. 2 3737 Executive Center Dr Ste 200	AUSTIN TX 78731

000023959860
10/21/03--01018--005 **150.00

8. Name and Address of Current Registered Agent

JOHNSON, ED
1601 GERBING ROAD STE 260
AMELIA ISLAND FL 32034

9. Name and Address of New Registered Agent

Name Ed Johnson
Street Address (P.O. Box Number is Not Acceptable)
96082 Victorias Place
Suite, Apt. #, Etc.
City Yulee
State FL Zip Code 32097

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-17-03

11. 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

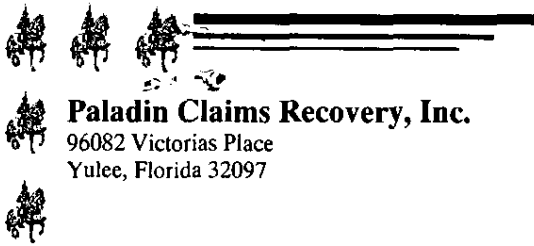
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-17-03 904 491 6990

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October 17, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Paladin Claims Recovery, Inc. received a Certification of Administrative Dissolution or Revocation. We never received the two notifications regarding the uniformed business report.

As stated in your "Important Facts" document, "The reinstatement fee can be waived if the corporation did not receive the two prior uniformed business report (UBR) notices." Paladin Claims Recovery, Inc. never received these documents or we would have processed them in a timely fashion. It is unacceptable to us to have this lapse in our corporate status. Paladin Claims Recovery, Inc. would like to waive the reinstatement fee as the option stated.

Please find enclosed a check for \$150 for the Annual Report Fee and Corporate Supplemental Fee, which will reinstate the corporation.

Paladin Claims Recovery, Inc requests that this information be process as quickly as possible.

Sincerely,

Edwin B. Johnson
President & CEO
Paladin Claims Recovery, Inc.