


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F02000006331</b>		
1. Entity Name ISO CLAIMS SERVICES, INC.		

Principal Place of Business 250 BERRYHILL ROAD COLUMBIA SC, 29 210	Mailing Address 545 WASHINGTON BLVD 21ST FLOOR JERSEY CITY, NJ 07310
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED  
06 OCT 17 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10062006	REIN-P	CR2E098 (11/05)	06
4. FEI Number 13-4160667		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AGULIA, THOMAS 2632 SW BEAR PAW TRL PALM CITY, FL 34990	7. Name and Address of New Registered Agent Name Thomas Agulia Street Address (P.O. Box Number is Not Acceptable) 3491 SW Sawgrass Villas Drive City Palm City FL Zip Code 34990
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Thomas Agulia DATE 10/10/06  
(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COYNE, FRANK J 545 WASHINGTON BLVD JERSEY CITY, NY 07310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500080931925 10/18/06--01005--007 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS GIASI, JOSEPH P JR 545 WASHINGTON BLVD JERSEY CITY, NJ 073101686 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corporate Secretary Kenneth Thompson 545 Washington Boulevard Jersey City, NJ 07310 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GERAGHTY, KENNETH G 545 WASHINGTON BLVD JERSEY CITY, NY 07310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>10/10/06</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIASI, JOSEPH P JR 545 WASHINGTON BLVD JERSEY CITY, NY 07310 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth G. Geraghty DATE 10/13/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR