

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 OCT 25 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000000068 1. Entity Name PROCLAIM AMERICA, INC.					
Principal Place of Business 9800 CENTRE PARKWAY, SUITE 650 HOUSTON, TX 77036			Mailing Address 2255 GLADES RD., SUITE 234W BOCA RATON, FL 33431		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1535 N. Dale Mabry Hwy Suite 202			
City & State LOFT, FL 33548		City & State LOFT, FL 33548		4. FEI Number 76-0512521	
Zip 33548		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'HARA, JOHN A III 2255 GLADES RD., SUITE 234W BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Karin Calimano Street Address (P.O. Box Number is Not Acceptable) 1535 N. Dale Mabry Hwy City LOFT State FL Zip Code 33548		
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 Karin Calimano DATE 10/19/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COSTANTINO, JOSEPH J 3002 GOLDEN HILLS LANE MISSOURI CITY, TX 77459	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERDENZI, CARL 31 FOX HOLLOW RIDINGS RD. NORTHPORT, NY 11768	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, DENNIS 1910 CRIMSON BERRY DR. KINGWOOD, TX 77345	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD BRENT, RANDALL P 3703 COLONY WOODS DR. SUGAR LAND, TX 77479	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MOSIER, RHONDA 14718 CHARLMONT HOUSTON, TX 77083	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 06 DEC				
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: Randall P. Brent CEO Randall P. Brent 10/20/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, Date Daytime Phone #</small>					