

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000000448

FILED
Oct 24, 2008
Secretary of State

Entity Name: CONDON CLAIMS MANAGEMENT, INC.

Current Principal Place of Business:

634 VILLAGE LANE NORTH
SUITE 200
MANDEVILLE, LA 70471

New Principal Place of Business:

Current Mailing Address:

634 VILLAGE LANE NORTH
SUITE 200
MANDEVILLE, LA 70471

New Mailing Address:

FEI Number: 37-1451920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLIKEN, WILLIAM B ESQ.
5915 PONCE DE LEON BLVD.
SUITE 63
MIAMI, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: WILLIAM B MILLIKEN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CONDON, STEPHEN
Address: 634 VILLAGE LANE NORTH #200
City-St-Zip: MANDEVILLE, LA 70471

Title: D () Delete
Name: OSMAN, LEV
Address: 634 VILLAGE LANE NORTH #200
City-St-Zip: MANDEVILLE, LA 70471

Title: D () Delete
Name: RANTZ, EDWARD J JR.
Address: 1100 POYDRAS STREET #3600
City-St-Zip: NEW ORLEANS, LA 70163

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN CONDON

PD

10/24/2008

Electronic Signature of Signing Officer or Director

Date