PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED AND FILED
97 FEB 10 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F89307

1. Corporation Name
WEBB CLAIM SERVICE, FLORIDA, INC.

Mailing Address	Principal Place of Business
c/o Donald E. Webb 3220 S. US 1 32 Ft. Pierce, Fl. 34982-8104	

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
2407 Sunrise Blvd	2407 Sunrise Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Pierce Fl	City & State: Fort Pierce, Fl
Zip: 34982 Country: St. Lucie	Zip: 34982 Country: St. Lucie

4. Date Incorporated or Qualified To Do Business in Florida: 7/01/1982

5. FEI Number: 59-1787719 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Donald E. Webb	2407 Sunrise Blvd.	Ft. Pierce, Fl 34982
ST	Ann Webb	2407 Sunrise Blvd	Ft. Pierce, Fl. 34982
			000002085640---7 -02/12/97--01098--015 ***1575.00 ***1575.00 000002085640---7 -02/12/97--01098--016 *******8.75 *******8.75
		REINSTATEMENT 12-97	

8. Name and Address of Current Registered Agent

Donald E. Webb
500 South U.S. One
Ft. Pierce, Fl. 33450

9. Name and Address of New Registered Agent

Name: John D. Webb, Esq.
c/o Ford, Jeter & Bowlus, P.A.
Street Address (P.O. Box Number is Not Acceptable): 10110 San Jose Blvd
Suite, Apt. #, Etc.:
City: Jacksonville State: FL Zip Code: 32257

CR2E040 (6/94)

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.

Signature of Registered Agent: [signature] Date: 1/30/97
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Donald E. Webb - DONALD E. WEBB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/31/97 407-465-6060
Daytime Phone #