

To: 'FL Dept. of State'
Subject: 000631.68192

From: Katie Wonsch

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 MAY -7 PM 2: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001650

1. Corporation Name

HOLLANDER, INC.

2. Principal Office Address - No P.O. Box #
6111 Bollinger Canyon Road

3. Mailing Office Address
6111 Bollinger Canyon Road

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
San Ramon, CA

City & State
San Ramon, CA

Zip
94853

Country

Zip
94853

Country

4. Date Incorporated or Qualified
To Do Business in Florida 4/2/1993

5. FEIN No.
223124431

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2731 Executive Park Drive

Suite, Apt. #, Etc.
Suite 4

City
Weston

State Zip Code
FL 33331

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

NRAI Services, Inc.

Signature of
Registered Agent by: *Stuart Crumback*

REGISTERED AGENT MUST SIGN

Date 5-7-07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	SEE ATTACHED		
			<i>B 5/8/07</i>

REINSTATEMENT *06-07*

10. 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 contained in Chapter 119, 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:

Stuart Crumback
Stuart Crumback
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/03/2007
Date

(925) 866-1100
Daytime Phone #

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CORPORATE OFFICER'S INFORMATION

<u>OFFICER'S NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
TONY AQUILA	PRES/CEO/DIR	6111 Bollinger Canyon Rd, #200 San Ramon, CA 94583	(925) 866-1100
JACK PEARLSTEIN	SEC/TREASURER	6111 Bollinger Canyon Rd, #200 San Ramon, CA 94583	(925) 866-1100
MICHAEL CONWAY	VP	6111 Bollinger Canyon Rd, #200 San Ramon, CA 94583	(925) 866-1100
JOHN SHCWINN	VP	6111 Bollinger Canyon Rd, #200 San Ramon, CA 94583	(925) 866-1100
STUART CRUMBAUGH	CFO	6111 Bollinger Canyon Rd, #200 San Ramon, CA 94583	(925) 866-1100

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Florida Department of State
Division of Corporations
Public Access System

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H070001260263ABCY

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To:
Division of Corporations
Fax Number : (850) 205-0384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

000631-68192

CORPORATION REINSTATEMENT

HOLLANDER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$900.00

Electronic Filing Menu

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To: 'FL Dept. of State'
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From: Katie Wonsch

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 846187					
1. Corporation Name Claims Services Group, Inc.					
2. Principal Office Address - No P.O. Box # 6111 Bollinger Canyon Road			3. Mailing Office Address 6111 Bollinger Canyon Road		
Suite, Apt. #, etc. Suite 200			Suite, Apt. #, etc. Suite 200		
City & State San Ramon, CA			City & State San Ramon, CA		
Zip 94583		Country		Zip 94583	
				Country	
4. Date Incorporated or Qualified To Do Business in Florida 6/10/1980					
5. F.E.U. # 942617005				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name NRAI Services, Inc.					
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive					
Suite, Apt. #, Etc. Suite 4					
City Weston			State FL		Zip Code 33331
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent by: <u>Alejandro Mercado</u> Date: <u>5-7-07</u> REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip
	SEE ATTACHED LIST				B. 5/8/07
			REINSTATEMENT		06-07
10. 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 contained in Chapter 119, 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: <u>Shurt Crumbaugh</u> Date: <u>5/02/2007</u> Daytime Phone #: <u>(925) 866-1100</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E081 (1/07)

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Shurt Crumbaugh

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Division of Corporations
Fax Number : (850) 205-0384

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Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

000631.68192

CORPORATION REINSTATEMENT

CLAIMS SERVICES GROUP, INC.

Certificate of Status	0
Certified Copy	0
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Help