H07000126026 3

FILED
07 MAY -7 PM 2:30
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

CR2E081 (1/07)

DOCUMENT # F93000001650

1. Corporation Name

# HOLLANDER, INC.

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 6111 Bollinger Canyon Road | | 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. FEI Number: 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: FL | Zip Code: 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: [signature]
REGISTERED AGENT MUST SIGN

Date 5-2-07

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 | | |
| | | | |
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| | | | |

REINSTATEMENT 06-07

B 5/8/07

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.

Stuart Crumbaugh

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/03/2007

Daytime Phone #: (925)866-1100

H07000126026 3

## CORPORATE OFFICER'S INFORMATION

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

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# Florida Department of State
Division of Corporations
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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 |

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Page 1 of 3

H07000125979 3

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TALLAHASSEE, FLORIDA

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**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (1/07)

DOCUMENT # 846187

1. Corporation Name

Claims Services Group, Inc.

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 6111 Bollinger Canyon Road | | 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. FEI Number: 942617005 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 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

☐ 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.

Signature of Registered Agent: NRAI Services, Inc. by: [signature] 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 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 5/02/2007 — Daytime Phone #: (925)866-1100

Stuart Crumbaugh

H07000125979 3

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## CORPORATE OFFICER'S INFORMATION

| OFFICER'S NAME | TITLE | ADDRESS | TELEPHONE |
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# Florida Department of State

Division of Corporations
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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

## CLAIMS SERVICES GROUP, INC.

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

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