

F96000002272

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: DAMAGE RECOVERY SYSTEMS, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DARRYL M. MOLL

(Name of Person)

DAMAGE RECOVERY SYSTEMS, INC.

(Firm/Company)

31 ROBINSON ST.

(Address)

POTTSTOWN, PA 19464

(City/State/Zip)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY -3 AM 10:35
5/7

Should you need to call someone concerning this matter, please call:

DARRYL M. MOLL
(Name of Person)

at (610) 323-3037
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

1. DAMAGE RECOVERY SYSTEMS, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. PENNSYLVANIA
(State or country under the law of which it is incorporated)
3. 23-2625843
(FEI number, if applicable)
4. 10/2/90
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. MAY 6, 1996
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 31 ROBINSON STREET
POTTSTOWN, PA 19464
(Current mailing address)
8. TO TRANSACT ANY AND ALL BUSINESS ALLOWABLE BY A CORPORATION.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: SANDRA BUCK
LAKELAND REGIONAL INDUSTRIAL /INDUSTRIAL PARK

Office Address: SUITE 25
7105 NEW TAMPA HIGHWAY
LAKELAND, Florida, 33801
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Sandra C Buck
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

A. DIRECTORS (Street address only- P. O. Box **NOT** acceptable)

Chairman: G. JOSEPH CRISPYN
Address: 2420 ANDELL WAY
JOHNS ISLAND, SC 29455

Vice Chairman: MICHAEL R. TUCKER
Address: 1748 HONEYSUCKLE LANE
POTTSTOWN, PA 19465

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS (Street address only- P. O. Box **NOT** acceptable)

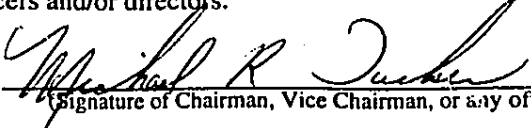
President: G. JOSEPH CRISPYN
Address: 2420 ANDELL WAY
JOHNS ISLAND, SC 29455

Vice President: MICHAEL R. TUCKER
Address: 1748 HONEYSUCKLE LANE
POTTSTOWN, PA 19465

Secretary: MICHAEL R. TUCKER
Address: 1748 HONEYSUCKLE LANE
POTTSTOWN, PA 19465

Treasurer: MICHAEL R. TUCKER
Address: 1748 HONEYSUCKLE LANE
POTTSTOWN, PA 19465

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael R Tucker Sec/Treas
(Typed or printed name and capacity of person signing application)

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

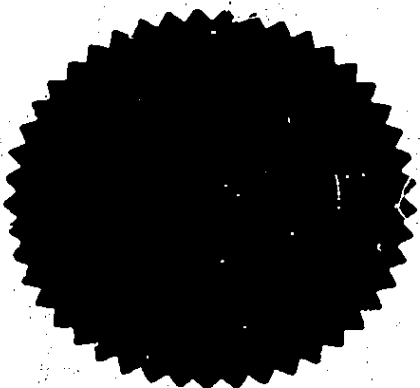
APRIL 25, 1996

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

DAMAGE RECOVERY SYSTEMS, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania
and remains a subsisting corporation so far as the records of this office
show, as of the date herein.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's
Office to be affixed, the day
and year above written.

A handwritten signature in cursive script, appearing to read "Gretchen K. Swalley".

Secretary of the Commonwealth

SWAL

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DIVISION OF CORPORATIONS
96 MAY -3 AM 10:35

Document Number Only

F96000002272

CI CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name
TALLAHASSEE, FL 32301

Address
222-1092

City State Zip Phone

CORPORATION(S) NAME

Damage Recovery Systems, Inc.

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97 APR 15 PM 12:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Co. | <input checked="" type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| | | <input type="checkbox"/> Fictitious Name Filing |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="radio"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="radio"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CR2E031 (1-89)

4/15/97

4/15

Withdrawal

RECEIVED
97 APR 15 PM 2:07
DIVISION OF CORPORATIONS

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS
IN FLORIDA**

Damage Recovery Systems, Inc.
(Name of Corporation)

Pennsylvania
(Incorporated Under Laws Of)

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97 APR 15 PM 12:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

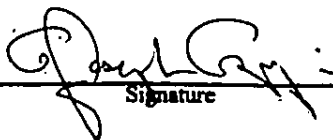
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

1136 Penn Avenue
(Mailing Address)

Wyomissing, Pennsylvania 19610
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


Signature

President
Title

G. Joseph Crispyn
Typed or printed name

4/14/97
Date