

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000006692			
1. Corporation Name SEDGWICK OF COLORADO, INC.			
Principal Place of Business % SEDGWICK, INC. 1000 RIDGEWAY LOOP ROAD MEMPHIS TN 38120		Mailing Address % SEDGWICK, INC. 1000 RIDGEWAY LOOP ROAD MEMPHIS TN 38120	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. Date Incorporated or Qualified To Do Business in Florida 12/17/1997			
5. FEI Number 84-0802414			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PC	HEALEY, QUILL O	3333 PEACHTREE ROAD NE	ATLANTA GA 30328
VT	O'DAY, JOHN E	1000 RIDGEWAY LOOP ROAD	MEMPHIS TN 38120
S	ROBINSON, PATTIE J	1000 RIDGEWAY LOOP ROAD	MEMPHIS TN 38120
D	KUTELLA, RONALD J	1000 RIDGEWAY LOOP ROAD	MEMPHIS TN 38120
D	WIETELAK, JAMES B	1000 RIDGEWAY LOOP ROAD	MEMPHIS TN 38120
8. Name and Address of Current Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			
9. Name and Address of New Registered Agent			
Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code			
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 <u>Laura R. Pung</u> REGISTERED AGENT MUST SIGN Date <u>2/23/99</u>			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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 under section 119.07(3)(i) 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>Pattie J. Robinson</u> Assistant Secretary <u>1/25/99</u> <u>901-684-3588</u> Signature and Typed or Printed Name of Signing Officer or Director			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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