2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 29, 2008
Secretary of State

DOCUMENT# L04000043936

Entity Name: SALVADOR CLAIMS SERVICE, LLC

Current Principal Place of Business:

4545 WILDERNESS LN N
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

11250 OLD ST. AUGUSTINE RD.
#15-221
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 20-1228608 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALVADOR, DANIEL D CEO
4545 WILDERNESS LN N
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DANIEL D SALVADOR

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SALVADOR, MONIKA C CFO
Address: 4545 WILDERNESS LN N
City-St-Zip: JACKSONVILLE, FL 32258 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MONIKA SALVADOR MGR 09/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date