PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 02 UBR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 21 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M66080

1. Corporation Name

BURTON CLAIM SERVICE, INC.

Principal Place of Business	Mailing Address
2831 CYPRESS CREEK RD SUITE 101 FORT LAUDERDALE FL 33309 US	POST OFFICE BOX 25756 FORT LAUDERDALE FL 33321 US

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	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/27/1988

5. FEI Number: 65-0026743 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	BURTON, DONALD T., JR.	1316 NW 100TH AVE.	CORAL SPRINGS FL
VSD	BURTON, LAURA D.	1316 NW 100TH AVE.	CORAL SPRINGS FL

800009148638
11/21/02--01052--014 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BURTON, DONALD T JR 2720 N.E. 47TH STREET LIGHTHOUSE POINT FL 33064	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: Donald T Burton SIGNATURE REQUIRED Date: 11/16/02
REGISTERED AGENT MUST SIGN

11. 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: Donald T Burton REQUIRED Donald T Burton JR 11/16/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Office Address
2831 CYPRESS CREEK ROAD
SUITE 101
FT. LAUDERDALE, FLORIDA 33309
BROW. (954) 972-4820
DADE (305) 947-1203
1-800-330-2524
FAX (954) 972-4879

Mailing Address
P.O. BOX 25756
FT. LAUDERDALE, FLORIDA 33321

BCS

BURTON CLAIM SERVICE, INC.

Central Florida
300 NORTH COUNTY ROAD 427
SUITE 101
LONGWOOD, FL 32750
PH (407) 332-0022
FAX (407) 332-0008

Reply to:
☒ FT. LAUDERDALE
☐ LONGWOOD

November 18, 2002

Florida Department of State
Division of Corporations
Annual Reports/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: Burton Claim Service, Inc.
FEI #65-0026743
Document #M66080

Dear Sirs:

Please accept this as my formal request to waive the reinstatement fee. Prior UBR notices were not received by the Registered Agent or Officer of the Corporation.

I am enclosing the $150.00 filing fee, without penalty.

If there are any questions, please do not hesitate to contact me at 954-972-4820.

Thank you for your attention in this matter.

Sincerely,

Donald T. Burton
President

DTB/hh

Encls.

\Dept of State