

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *PAGE 1 of 2*

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000007728**

1. Corporation Name

SMART-CLAIMS.COM, INC.

FILED

01 OCT 15 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

224 PALERMO AVENUE
CORAL GABLES FL 33134

Mailing Address

224 PALERMO AVENUE
CORAL GABLES FL 33134

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FET Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	CATANIA, PATRICK M	224 PALERMO AVENUE	CORAL GABLES FL 33134
			200004653322--8 -10/25/01--01056--010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

CATANIA, PATRICK M
224 PALERMO AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

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

Patrick M. Catania
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Oct 11, 2001

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:

Patrick M. Catania
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 11, 2001

Daytime Phone #

CR2040 (8/01)

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October 11, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: **Smart-Claims.Com**

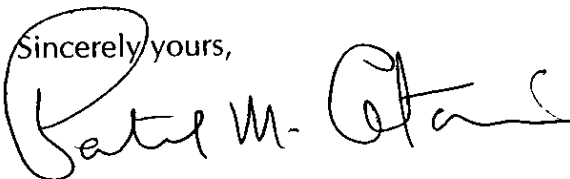
~~To Whom It May Concern:~~

Please note that our corporation never received a renewal application for Smart-Claims.com. We are filling out the reinstatement form we received this week, with a check in the amount of \$150.00. Please update your records accordingly.

All correspondence should be mailed to the following address:

Smart-Claims.com
224 Palermo Avenue
Coral Gables, FL 33134

Sincerely yours,



Patrick M. Catania