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FILED
01 DEC 10 PM 2:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ACCIDENT & INJURY ATTORNEY HOTLINE, INC.

Mailing Address

1216 EAST COLONIAL DR. #11
ORLANDO FL 32803



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

01

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

9. Name and

CR2E040 (8/01)

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.

REGISTERED AGENT

Date 10/30/01

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

2002

10/30/01

To whom it may concern

To: Son Van Tran Owner, Accident & Injury
Attorney Hotline, INC. I had been moved
to new locations for about 1 1/2. I have
never did received the Renewal for the
Cooperation Fee Application. please
accept my fee. and send next Renewal to
my new address.

Thank you

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