


2004 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P00000040205		
1. Entity Name FINANCIAL CLAIMS & SERVICING INC.		

FILED
04 OCT 21 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5604 DAWSON ST HOLLYWOOD, FL 33023	Mailing Address 5604 DAWSON ST HOLLYWOOD, FL 33023
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



REINSTATEMENT
10/20/04
65-1002265
Applied For
Not Applicable

6. Name and Address of Current Registered Agent PALAU, MARIA 3423 NE 171ST STREET NORTH MIAMI, FL 33160		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Maria Palau DATE: 10-20-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PALAU, MARIA 3423 NE 171ST STREET NORTH MIAMI, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500042064915 10/21/04--01033--023 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PALAU, GILBERT 3423 NE 171ST STREET NORTH MIAMI, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria Palau DATE: 10-20-04 DAYTIME PHONE #: 786-303-1949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FINANCIAL CLAIMS & SERVICING INC
5604 DAWSON ST
HOLLYWOOD FL 33023
954-894-2123

October 20, 2004

To: Division of Corporation
Po Box 6198
Tallahassee, fl 32314-6198

To whom it may concern:

This is the first time I receive the notice of dissolution or revocation of my company. I changed accountants in the beginning of the year and I had given the previous accountant the check for the fee to file my corporation as I had done in the past. In prior years I have timely filed as required. Please grant me this waiver in penalty due I did not know that my accountant hadnt filed my corporation, and I am very conscious to send my dues in time.

I look forward to a favorable response.

Sincerely,



Maria Palau
President