

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000020645 1. Entity Name ALL ABOUT CLAIMS, CORP.						FILED 05 MAY -2 PM 6: 03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8200 W. SUNRISE BLVD. SUITE C-6 PLANTATION, FL 33322				Mailing Address 8200 W. SUNRISE BLVD. SUITE C-6 PLANTATION, FL 33322			
2. Principal Place of Business		3. Mailing Address		 04212005 REIN-P CR2E098 (6/04)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 30-0085277				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CANTOR, JERALD C 4000 HOLLYWOOD BLVD # 265 S HOLLYWOOD, FL 33021			
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____							
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: <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ST. AUBIN, ROBERT JR 8200 W SUNRISE BLVD C-6 SUNRISE, FL 33322 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition 000054352840 05/13/05--01009--001 **300.00			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<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:							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date</small>							
<small>Daytime Phone #</small>							

5/19/05