

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
~~REINSTATEMENT~~



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

FILED

03 FEB -4 AM 11:34

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000037542

1. Corporation Name

AMERICAN CLAIMS ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~152 N HARBOR CITY BLVD~~  
~~STE 101~~  
~~MELBOURNE FL 32935~~

~~152 N HARBOR CITY BLVD~~  
~~STE 101~~  
~~MELBOURNE FL 32935~~



2002-2003 UBR

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

255 East Drive

P.O. Box 120488

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

04/06/2001

5. FEI Number

593715043

Applied For

Not Applicable

City & State

City & State

West Melbourne

West Melbourne

Zip

Country

Zip

Country

32904

USA

32912

USA

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)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4       |
|---------------|---|--|-------------------------------|
| <del>D</del>  | <del>CARTER, RICHARD</del>                | <del>152 N HARBOR CITY BLVD</del>                      | <del>MELBOURNE FL 32935</del> |
| P             | CARTER, RICHARD                           | 255 East Drive   | West Melbourne, FL 32904      |
|               |   |  |                               |
|               |   |  |                               |
|               |   |  |                               |
|               |   |  |                               |
|               |   |  |                               |

000011593590

01/31/03 01061 016 \*\*\*300.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARTER, RICHARD  
152 N HARBOR CITY BLVD  
STE 101  
MELBOURNE FL 32935

Name

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

255 East Drive

Suite, Apt. #, Etc.

Suite D

City

West Melbourne

State

Zip Code

FL

32904

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

*Richard Carter*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

January 27, 2003

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:

*Richard Carter*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 27, 2003

Date

Daytime Phone #

321-674-2390

CR2E040 (8/02)



## American Claims Associates, Inc.

P.O. Box 120488, West Melbourne, FL 32912-0488

Phone: 321-674-2390 Fax: 321-674-9091

www.acaclaims.com

January 29, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

RE: Corporation Name: American Claims Associates, Inc.  
Federal ID#: 59-3715043

Dear Sirs:

Two days ago I found a Notice of Administrative Dissolution or Revocation document laying in my office on a credenza. I am not certain when this document was received by our corporation but I will say that I have no recollection of seeing this document prior to two days ago.

Our corporation was forced to move from its location at 152 N. Harbor City Blvd, Ste 101, Melbourne, FL, in March 2002. At that time the corporation did purchase property in the city of West Melbourne which required renovation. We took temporary quarters located at 255 East Drive, Ste D, West Melbourne until our property was completed. As of this date that property is not ready to utilize therefore we are still in the 255 East Drive location.

I assume this is the mix-up which resulted in this notice of Administrative Dissolution or Revocation. We respectfully request the State to waive any penalties as we have no record of prior notification.

Enclosed is our completed document along with our check of \$308.75 which covers \$150 fee for 2002 and another \$150 fee for 2003 plus \$8.75 for a certificate of status.

Please advise if you need anything else from American Claims Associates, Inc. regarding this matter.

Thank you,

Richard Carter  
President