PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL -9 AM 8:43

DOCUMENT # P02000120142

1. Corporation Name
LAMBRIGHT INSURANCE CLAIMS CONSULTANTS, Inc.

REINSTATEMENT 0304

2. Principal Office Address	3. Mailing Office Address
3600 S. STATE RD 7	3600 S. STATE RD 7
Suite, Apt. #, etc.: SUITE 206	Suite, Apt. #, etc.: SUITE 206
City & State: MIRAMAR, FL	City & State: MIRAMAR, FL
Zip: 33023 Country: USA	Zip: 33023 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 11-08-2002

5. FEI Number: 48-1286235 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ARTHUR LAMBRIGHT

Street Address (P.O. Box Number is Not Acceptable): 2805 DOLPHIN DRIVE

Suite, Apt. #, Etc.:

City: MIRAMAR State: FL Zip Code: 33025

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Arthur Lambright Date: 07-02-2004
REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ARTHUR LAMBRIGHT	2805 DOLPHIN DRIVE	MIRAMAR, FL 33025
VP	RUBY LAMBRIGHT	2805 DOLPHIN DRIVE	MIRAMAR, FL 33025

400038912604
07/09/04--01009--005 **308.75

10. 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: ARTHUR LAMBRIGHT Arthur Lambright 07-02-2004 954-989-8103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lambright Insurance Consultants, Inc.
3600 S. State Road 7, Suite 206
Miramar, FL 33023
954-989-8103

Dear Madam, Sir:

Please be advised that Lambright Insurance Consultants, Inc. did not receive a 2003 Uniform Business Report.

Enclosed is a check for $308.75 to cover expenses for the 2003 report, the 2004 report and a certificate of status.

Thank you,

Arthur Lambright, President