

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000128213

1. Entity Name
FLORIDA CLAIMS EXPERTS, INC.



FILED

2006 OCT 27 PH 2:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
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2. Principal Place of Business 10155 SW 117 Ave.	3. Mailing Address same
Suite, Apt. #, etc. NO. 17	Suite, Apt. #, etc.

City & State Miami FL	City & State
Zip 33190	Country USA



10112006 REIN-P CR2E098 (11/05)

4. FEI Number 27-0039821	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

LOPEZ, ROBERT
250 CATALONIA AVE #801
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

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

10155 SW 117 Ave. NO. 17

City **Miami** State **FL** Zip Code **33190**

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: _____

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>FILE NOW!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00</p>	<p>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</p>
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	LOPEZ, ROBERT
STREET ADDRESS	250 CATALONIA AVE #801
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Only Address: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10155 SW 117 Ave. NO# 17
STREET ADDRESS	Miami, FL 33190
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900081630909
STREET ADDRESS	11/08/06--01032--028 **150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #