

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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FILED

04 JUL 27 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 103000070984

1. Corporation Name
Accident Doctor Helpline, Inc.

2004
UBR

2. Principal Office Address 1105 E. Orange St. Suite, Apt. #, etc. Apt #2 City & State Lakeland, FL 33801 Zip 33801 Country US		3. Mailing Office Address 1105 E. Orange St. Suite, Apt. #, etc. #2 City & State Lakeland, FL Zip 33801 Country US	
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03-24-04 90022 004 \$150.00

4. Date Incorporated or Qualified To Do Business in Florida 6/27/03	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. FEI Number	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Timothy Sugden	
Street Address (P.O. Box Number is Not Acceptable) 1105 E. Orange St. Apt #2	
Suite, Apt. #, Etc. Apt #2	
City Lakeland	State FL Zip Code 33801

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  Date 7-20-04

REGISTERED AGENT MUST SIGN

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
Mr.	Timothy Sugden	1105 E. Orange St. - Apt #2	Lakeland, FL 33801

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:  Date 7-20-04 (813) 221-3873

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

CR2E081 (01/04)

2 of 2

Accident Doctor Helpline, Inc.
1105 E. Orange St. #2
Lakeland, FL 33801
Phone: (863) 221-3873

July 20, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom it May Concern:

I am resending the document for renewal of Accident Doctor Helpline, Inc. because the initial form was lost or misplaced in the mailing system. We received our renewal and filed it out with a check. It was sent back needing a signature. I signed and resent it the same day. Apparently it was lost. I phoned your division and was told to resend it with this letter. They confirmed that you still have the payment by check. Hope this is correct procedure, if not reply and let me know what I need to do to correct this mistake. Thank you for your cooperation and assistance in correcting this matter. If you have any questions or concerns please do not hesitate to contact me at (863 221-3873.

Sincerely yours,

Timothy Sugden
Accident Doctor Helpline, Inc.