

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 24 PM 1:44

DOCUMENT # P03000137709

1. Entity Name
COOK CLAIMS SERVICES, INC.



Principal Place of Business
9900 WEST SAMPLE ROAD
SUITE 312
CORAL SPRINGS, FL 33065

Mailing Address
9900 WEST SAMPLE ROAD
SUITE 312
CORAL SPRINGS, FL 33065

REINSTATEMENT 05



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10132005 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number
20-0670599

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HURLEY, JAMES N
100 SE 2ND STREET
18TH FLOOR
MIAMI, FL 33131

Name
James N. Hurley
Street Address (P.O. Box Number is Not Acceptable)

1395 Brickell Ave. 14th Fl.

City Miami FL Zip Code 33131

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 10/21/05

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$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 DPST ☐ Delete
NAME COOK, DAVID
STREET ADDRESS 8430 GOLDMINE OAKS S
CITY-ST-ZIP MOBILE, AL 36619

TITLE ☐ Change ☐ Addition
NAME 900060896779
STREET ADDRESS 10/24/05--01057--007
CITY-ST-ZIP **150.00

TITLE DVP ☐ Delete
NAME FRANCIS, DAVID W
STREET ADDRESS 8727 FM 1960 E
CITY-ST-ZIP HUMBLE, TX 77346

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an officer like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/05

Date

251-470-0774

Daytime Phone #