

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000041048

**FILED**  
**Oct 07, 2014**  
**Secretary of State**

**Entity Name:** E & D HART INSURANCE CLAIMS CONSULTANT, INC.

**Current Principal Place of Business:**

3064 CARTER STREET  
APT#2  
MIAMI, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

3064 CARTER STREET  
APT#2  
MIAMI, FL 33133 US

**New Mailing Address:**

**FEI Number:** 20-2537167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, ERNEST  
3064 CARTER STREET  
APT#2  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ERNEST HART

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HART, ERNEST  
Address: 3064 CARTER STREET APT#2  
City-St-Zip: MIAMI, FL 33133

Title: V  
Name: HART, DOROTHY  
Address: 3064 CARTER ST APT#2  
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ERNEST HART

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

10/07/2014

\_\_\_\_\_  
Date