PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P38076

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JAN -3 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38076

1. Corporation Name
THE CLAims Solution, Inc.

2. Principal Office Address	3. Mailing Office Address
1950 Century Blvd.	1950 Century Blvd.
Suite, Apt. #, etc.: Suite 4	Suite, Apt. #, etc.: Suite 4
City & State: ATLANTA GA.	City & State: ATLANTA, GA
Zip: 30345 Country: USA	Zip: 30345 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3-27-92

5. FEI Number: 58-1968348 ☐ 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: TAmi Ivester

800003521448--7
-01/09/01--01002--004
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 13575 58th Street North

Suite, Apt. #, Etc.: Suite 148

City: CLEARWATER, FL State: FL Zip Code: 33760

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: Tami Ivester Date: 10/23/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
Pres	GAil McWilliAms	1950 Century Blvd #4	ATLANTA, GA 30345
V.P.	Roberta Williams	1950 Century Blvd #4	ATLANTA, GA 30345
V.P.	TAmi Ivester	13575 58th St North #148	Clearwater, FL 33760
		Reinstate 1-8-01 MMS	800003521448--7 -01/03/01--01011--016 ***1350.00 ***1350.00

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: Gail McWilliams GAil McWilliams 10/23/00 404-633-1321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #