

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS **APPROVED AND FILED**

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

1997 MAR -7 PM 3: 53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P39442**

1. Corporation Name
ENS CLAIMS MANAGEMENT, INC.

Principal Place of Business 300 SOUTH ST. PAUL STREET SUITE 870 DALLAS TX 75201 US	Mailing Address 300 SOUTH ST. PAUL STREET SUITE 870 DALLAS TX 75201 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	4. Date Incorporated or Qualified To Do Business in Florida 06/29/1992	5. FEI Number 75-1993148 Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4
DP	BIEGLER, D.W.	300 S. ST PAUL ST	DALLAS TX
DV	SATTERWHITE, W.T.	300 S. ST PAUL ST	DALLAS TX
D	SINGER, S.R. M.E. RESCOE	300 S. ST PAUL ST	DALLAS TX
S	FRALEY, F.W., III	300 S. ST PAUL ST	DALLAS TX
T	GALLATIN, A.E.	300 S. ST PAUL ST	DALLAS TX
VPC	PINKERTON, J. W	300 SOUTH ST. PAUL STREET	DALLAS TX

8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 4200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	9. Name and Address of New Registered Agent REINSTATEMENT Street Address (P.O. Box Number Is Not Acceptable) 000002109730--8 Suite, Apt. #, Etc. -03/11/97--01047--006 City FL State Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: *C. Mortham* **C. Mortham** Date: **12/31/96**
 REGISTERED AGENT **Special Asst. Secretary**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *F.W. Fraley III* **F.W. FRALEY III** 10-22-96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR202040 (7/96)