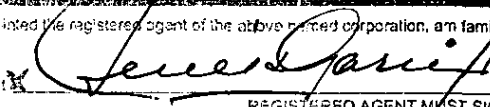
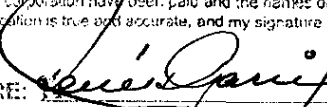


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                                                                   |                                                    |                                                                                        |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------|
| <b>CORPORATION<br/>REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |  |                                                    | <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |                          |
| <b>DOCUMENT # P92000000030</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    |                                                                                   |                                                    |                                                                                        |                          |
| 1. Corporation Name<br><b>CATASTROPHE CLAIM SERVICES CORP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                                                                                   |                                                    |                                                                                        |                          |
| 2. Principal Office Address<br><b>13824 SW 68 ST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                   | 3. Mailing Office Address<br><b>13824 SW 68 ST</b> |                                                                                        |                          |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                    |                                                                                   | Suite, Apt. #, etc.                                |                                                                                        |                          |
| City & State<br><b>MIAMI, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    |                                                                                   | City & State<br><b>MIAMI, FL</b>                   |                                                                                        |                          |
| Zip<br><b>33186</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Country<br><b>USA</b>              | Zip<br><b>33186</b>                                                               | Country<br><b>USA</b>                              | 4. Date Incorporated or Qualified To Do Business in Florida<br><b>10/27/92</b>         |                          |
| 5. FEI Number:<br><b>59-1746802</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                    |                                                                                   |                                                    | Applied For:<br>Not Applicable                                                         |                          |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                   |                                                    | 58.75 Additional Fee for a Certificate of Status                                       |                          |
| 7. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                                                                   |                                                    |                                                                                        |                          |
| Name<br><b>RENE H GARCIA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                                                                                   |                                                    |                                                                                        |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>13824 SW 68 ST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                   |                                                    |                                                                                        |                          |
| Suite, Apt. #, Etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                    |                                                                                   |                                                    |                                                                                        |                          |
| City<br><b>MIAMI</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                   |                                                    | State<br><b>FL</b>                                                                     | Zip Code<br><b>33186</b> |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0502, F.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                                                                                   |                                                    |                                                                                        |                          |
| Signature of Registered Agent  Date <b>10/7/03</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                                                                   |                                                    |                                                                                        |                          |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Names of Officers and/or Directors | Street Address of Each Officer and/or Director                                    |                                                    | City / State / Zip                                                                     |                          |
| P/V/P/T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>RENE H GARCIA</b>               | <b>13824 SW 68 ST</b>                                                             |                                                    | <b>MIAMI, FL 33186</b>                                                                 |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                                                                   |                                                    |                                                                                        |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                                                                   |                                                    |                                                                                        |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                                                                   |                                                    |                                                                                        |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                                                                   |                                                    |                                                                                        |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                                                                   |                                                    |                                                                                        |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                                                                   |                                                    |                                                                                        |                          |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    | <b>RENE H GARCIA</b>                                                              |                                                    | <b>10/7/03</b>                                                                         | <b>805.402.4162</b>      |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    |                                                                                   |                                                    | Date                                                                                   | Daytime Phone #          |

gr 10/10