


# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000030483**

1. Entity Name  
**PROFESSIONAL INSURANCE RESTORATION INC.**



FILED  
03 OCT -7 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<p>2. Principal Place of Business</p> <p><b>660 CLAY STREET</b> Suite, Apt. #, etc. <b>SUITE A</b> City &amp; State <b>WINTERPARK, FL.</b> Zip <b>32789</b> Country <b>USA</b></p>	<p>3. Mailing Address</p> <p><b>660 CLAY STREET</b> Suite, Apt. #, etc. <b>SUITE A</b> City &amp; State <b>WINTERPARK, FL.</b> Zip <b>32789</b> Country <b>USA</b></p>
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**REINSTATEMENT** 03  
DO NOT WRITE IN THIS SPACE

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4. FEI Number  
**59-325-1133**

Applied For  
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name  
**JON W. BOOMS**

Street Address (P.O. Box Number is Not Acceptable)  
**1813 PORTVIEW AVE.**

City  
**DELTONA** FL Zip Code  
**32738**

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 **JON W. BOOMS PRESIDENT**  DATE **10/2/03**

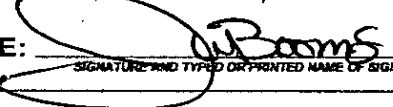
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$0125  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><b>P, V, T, S, D, C, M</b> <b>JON W. BOOMS</b> <b>1813 PORTVIEW AVE</b> <b>DELTONA, FL. 32738</b></p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><b>300023612562</b> <b>10/07/03 - 01027 - 0214 - 250.00</b></p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>_____</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p style="text-align: center;"><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **JON W. BOOMS PRESIDENT** DATE **10/2/03** DAYTIME PHONE # **507-567-2036**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

21015



# Professional Insurance Restoration, Inc.

*"Where The Customer Comes First"*

LICENSED  
INSURED

CBC 058879  
CERTIFIED

October 2, 2003

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Dear Sir or Madam:

**RE: P94000030483**

I am enclosing the Uniform Business Report (UBR) to re-instate our corporation. When we moved our office on April 30, 2002, we never received the UBR to fill out; it never forwarded to our new office. At this time we are enclosing a check for the \$ 150.00, that Justin in your office informed us to do so. Along with the completed URB and the above explanation. Please feel free to call me if there are any additional questions.

Sincerely,

  
Jon W. Boorhs  
President