

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
Apr 28, 2001 8:00 A
Secretary of State

DOCUMENT # **P95000048704**

1. Corporation Name
Insurance Claim Consultants Inc

2. Principal Office Address
4000 13th NB

Suite, Apt. #, etc.

City & State
St Petersburg FL

Zip
33703

Country

3. Mailing Office Address
4000 13th NB

Suite, Apt. #, etc.

City & State
St. Petersburg FL

Zip
33703

Country

4. Date Incorporated or Qualified To Do Business in Florida
6-21-88

5. FEI Number
59-3320583

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 **Ronald Deo**
Street Address (P.O. Box Number is Not Acceptable)
4000 13th NB
Suite, Apt. #, Etc.
City **St Petersburg**

400004184944
-05/11/01--01015-026
***300.00 ***300.00

State **FL** Zip Code **33703**

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

Date **04/22/01**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
PRO	Ronald Deo	4000 13th NB	St Petersburg FL 33703
UP	" "	" "	" "
Secy	" "	" "	" "
Trs	" "	" "	" "

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, that all fees owed by the corporation have been paid and the names of individuals listed on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/22/01** Daytime Phone # **813-263-8501**

CR2E081 (9/00)

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Insurance Claim Consultants Inc.
DBA. The Public Adjusters
4000 13th Lane NE
St. Petersburg, Florida 33703
Telephone/Fax 727-521-1800

04/02/01

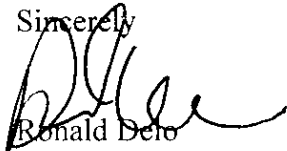
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Re: Corporate Registration:

Dear Secretary of State:

I have just been informed by a client that my corporation is non-existent, or not currently active. Upon calling your office we found that the annual report was mailed to the wrong address /P.O Box 76232 in Florida instead of the principle address of 4000 13th Lane NE St. Petersburg, Florida. The corporation online public inquiry shows a mailing address of the PO Box, and your office indicated that the annual report was returned undelivered. Your office indicated that they would renew my application and annual report and re-activate my corporate status by me sending \$ 150.00 for 2000 and \$ 150.00 for 2001. I appreciate you consideration and assistance.

Sincerely


Ronald Dero