

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

**REINSTATEMENT**

FILED

96 NOV -8 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1996

MWD  
11-14-96

DOCUMENT # P95000080220

1. Corporation Name

CLAIMSMART, INC.

Principal Place of Business

Mailing Address

6565 PINES PARKWAY  
HOLLYWOOD FL 33023

6565 PINES PARKWAY  
HOLLYWOOD FL  
33023

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10-19-95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65 0643843

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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 City / State / Zip
DIRECTOR	FRANK WILLIAM ZIGO	6565 PINES PARKWAY	HOLLYWOOD FL 33023

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-11/18/96--01007--013  
\*\*\*\*383.T5 \*\*\*\*383.T5

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRANK WILLIAM ZIGO  
6565 PINES PARKWAY  
HOLLYWOOD FL 33023

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Frank William Zigo*  
REGISTERED AGENT MUST SIGN

Date 11-6-96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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.; and that all fees owed by the corporation have been paid. 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:

*Frank William Zigo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK WILLIAM ZIGO

Date

11-6-96

Daytime Phone #

9548947227

CR2090 (12/95)