

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC 23 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000059214

1. Corporation Name

FLORIDA ELECTRONIC CLAIMS SOLUTIONS, INC.

Principal Place of Business

Mailing Address

5410 CAUSEWAY BOULEVARD  
TAMPA FL 33619

5410 CAUSEWAY BOULEVARD  
TAMPA FL 33619

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

2. New Principal Office Address, If Applicable

10903 Airview Dr

3. New Mailing Office Address, If Applicable

P.O. Box 273728

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa FL

Zip

33625

Country

U.S.

Zip

33688

Country

U.S.



REINSTATEMENT

98.99

4. Date Incorporated or Qualified  
To Do Business in Florida

07/07/1997

5. FEI Number

59-3504571

Applied For

Not Applicable

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
D/P	RODRIGUEZ, LINDA W	10903 AIRVIEW DRIVE	TAMPA FL 33625
D	POWELL, JEANETTE	6010 D LAKETREE LANE	TAMPA FL 33617
D/V	RODRIGUEZ, Edward P.	10903 Airview Dr	Tampa FL 33625

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-01/04/00--01081--010  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

RODRIGUEZ, LINDA W  
10903 AIRVIEW DRIVE  
TAMPA FL 33625

9. Name and Address of New Registered Agent

Name

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

*Linda Rodriguez*  
REGISTERED AGENT MUST SIGN

Date

12/28/98 12/14/99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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.

KE

SIGNATURE:

*Linda Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/99 813-908-5826  
Date Daytime Phone #