

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 26 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000083983

1. Corporation Name

ACCIDENT ANALYSIS, INCORPORATED

609 SE CENTRAL PARKWAY
71 EAST AVENUE

2. Principal Office Address

609 SE CENTRAL PARKWAY

3. Mailing Office Address

71 EAST AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE O

City & State

STUART, FL

City & State

NORWALK, CT

Zip

34994

Country

USA

Zip

06851

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 09/26/1997

5. FEI Number

59-3472990

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

CLYDE C RICHARD

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

6420 MARINER SANDS DRIVE

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34997

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

cc Richard

Date

10/25/04

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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CLYDE C RICHARD	6420 MARINER SANDS DRIVE	STUART, FL 34997
VT	JOANNE G RICHARD	6420 MARINER SANDS DRIVE	STUART, FL 34997

000042195310

10/26/04--01083--019 **308.75

REINSTATEMENT 10/25/04

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:

cc Richard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/04

Daytime Phone #

CR2E081 (01/04)