

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 DEC -1 PM 12:48

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000092528**

1. Corporation Name

COMPLETE CLAIM SOLUTIONS, INC.

Principal Place of Business

319 CLEMATIS STREET
 SUITE 500
 WEST PALM BEACH FL 33401

Mailing Address

319 CLEMATIS STREET
 SUITE 500
 WEST PALM BEACH FL 33401

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 1999

4. Date Incorporated or Qualified To Do Business in Florida

10/30/1998

5. FEI Number

65-0866339

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
D	ADDAZIO, DAWN E	319 CLEMATIS STREET, #500	WEST PALM BEACH FL 33401
			000003071510--6 12/15/99 01001 010 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ADDAZIO, DAWN E
 319 CLEMATIS STREET
 SUITE 500
 WEST PALM BEACH FL 33401

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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

Dawn E Addazio

Date 11/29/99

REGISTERED AGENT MUST SIGN

11. 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: *Dawn E Addazio*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/99 (561)
 Date Daytime Phone # 802-3240