

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 21 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P 990000005315

1. Corporation Name

Action Claims Management Inc.

2. Principal Office Address

324 Buttonwood DR.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 950628

Suite, Apt. #, etc.

City & State

LAKE MARY FL.

Zip

32746

Country

USA

City & State

LAKE MARY FL.

Zip

32795

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-14-99

5. FEI Number

59-3551008

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

RICHARD JENE PATTON

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

324 Buttonwood DR.

Suite, Apt. #, Etc.

City

LAKE MARY

300010690433

01/24/03--01024--001 **150.00

300010690433

02/21/03--01077--009 **150.00

State
FL

Zip Code

32746

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

[Signature]

Date 12-30-02

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	RICHARD J PATTON	324 Buttonwood DR	LAKE MARY FL 32746

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:

[Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD J PATTON

Date

12-30-02

Daytime Phone #

407-688-7777

CR2E081 (9/01)

gr 2/24



ACMI

Action Claims Management, Inc.

12-30-2002

P.O. Box 950628

Lake Mary, FL 32795-0628

Dear Sirs,

I am writing you this letter in regards to my missing my filing of the Corp. annual report. I did not receive my renewal paperwork to remind me to do so, due to my moving. I also did not know that I needed to inform you right away about this change. This is the first time I have had to take care of this part of the business due to a cut back after September, 11 2001. Please accept my check for my annual filing fees this time, and I will not let it happen again.

Thank you in advance

Richard J. Patton

ACMI



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

February 10, 2003

ACTION CLAIMS MANAGEMENT, INC.
P.O. BOX 950628
LAKE MARY, FL 32795

SUBJECT: ACTION CLAIMS MANAGEMENT, INC.
Ref. Number: P99000005315

We have received your document for ACTION CLAIMS MANAGEMENT, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

~~The total amount due to reinstate is \$300.00.~~

The balance due is \$150.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 203A00008774