

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

05 NOV 23 PM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000044211

1. Corporation Name

Premier 21 Claims Management, Inc.

2. Principal Office Address

3258 Buckland St.

Suite, Apt. #, etc.

City & State

Deltona, FL

Zip

32738

Country

USA

3. Mailing Office Address

329 S. Governor Printz Blvd.

Suite, Apt. #, etc.

City & State

Lester, PA

Zip

19029

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/12/1999

5. FEI Number

593576346

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

James O'Neill

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

3258 Buckland Street

Suite, Apt. #, Etc.

City  
Deltona

State

FL

Zip Code

32738

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

*J. O'Neill*

Date

11/22/05

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/D	James O'Neill	3258 Buckland St.	Deltona, FL 32738
T/S/D	Robert Cicconi	1250 Westtown-Thorton Rd.	West Chester, PA 19382

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:

*J. O'Neill* James O'Neill

Date

11/22/05

Daytime Phone #

386-532-9460