

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000044211

FILED
Oct 16, 2007
Secretary of State

Entity Name: PREMIER 21 CLAIMS MANAGEMENT, INC.

Current Principal Place of Business:

3258 BUCKLAND STREET
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

329 S. GOVERNOR PRINTZ BLVD.
LESTER, PA 19029

New Mailing Address:

FEI Number: 59-3576346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'NEILL, JAMES
3258 BUCKLAND STREET
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

CICCONI, GUY L
422 OLD BALTIMORE PIKE
CHADDS FORD, FL 19317 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GUY L CICCONI

10/16/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: O'NEIL, JAMES
Address: 3258 BUCKLAND STREET
City-St-Zip: DELTONA, FL 32738

Title: TSD () Delete
Name: CICCONI, ROBERT
Address: 1250 WESTTOWN-THORTON ROAD
City-St-Zip: WEST CHESTER, PA 19382

Title: TSD () Delete
Name: CICCONI, GUY L
Address: 422 OLD BALTIMORE PIKE
City-St-Zip: CHADDS FORD, PA 19317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUY L CICCONI

TSD

10/16/2007

Electronic Signature of Signing Officer or Director

Date