PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 02 UBR

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

FILED
02 NOV -6 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S93597

1. Corporation Name
Insurance Search Bureau of America, Inc.

2. Principal Office Address	3. Mailing Office Address
665 Mardel Court	28 Queen Street South
Suite, Apt. #, etc.: #102	Suite, Apt. #, etc.:
City & State: Naples, FL	City & State: Mississauga, Ontario
Zip: 34104 Country: USA	Zip: L5M 1K3 Country: Canada

4. Date Incorporated or Qualified To Do Business in Florida: 11/13/91

5. FEI Number: 65-0295264 ☐ 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: William R. Smith

Street Address (P.O. Box Number is Not Acceptable): 8191 College Parkway

100003837164
11/06/02--01133--004 **45.00

Suite, Apt. #, Etc.: #204

City: Fort Myers State: FL Zip Code: 33919

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: William R. Smith
REGISTERED AGENT MUST SIGN

Date: 7/31/02

CR2E081 (9/01)

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
PSTD	Darrell A. Parsons	28 Queen Street South	Mississauga, ON L5M1K3 CANADA

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: Darrell A. Parsons 9/13/02 905-858-4480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/14/02

WILLIAM R. SMITH, P.A.
ATTORNEY AND COUNSELOR AT LAW
TELEPHONE: 239 482-8511
FACSIMILE: 239 482-1007

November 1, 2002

8191 COLLEGE PARKWAY
SUITE 204
FORT MYERS, FLORIDA 33919

ATTN: REINSTATEMENT SECTION
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

NAME OF CORPORATION: INSURANCE SEARCH BUREAU OF AMERICA, INC.
DOCUMENT NUMBER: S93597

I am enclosing a Corporation Reinstatement form and a check for $450.00. No notices were received in 2000 by my client and thus, my client was unaware that reports were lacking. I respectively request that you waive any late fees. Please note the corrected mailing office address.

If you require any further information, please advise. Otherwise, I sincerely thank you for your consideration of this request.

Respectfully,

William R Smith

WILLIAM R. SMITH

WRS/wlm

Enclosures - As described