PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE Katherine Harris 02 NOV -6 AM 9: 05 Secretary of State DIVISION OF CORPORATIONS 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. Suite, Apt. #, etc. 4. Date incorporated or Qualified 11/13/91 To Do Business in Florida City & State Mississauga, Ontario Naples, FL 5. FEI Number Applied For 65-0295264 Not Applicable Country Country USA \$8.75 Additional Fee required L5M 1K3 Canada CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Name and Address of Current Registered Agent William R. Smith Street Address (P.O. Box Number is Not Acceptable) 200 April 200 A Suite, Apt. #, Etc. \_\_#204 Zip Code State Fort Myers 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. 7/31/02 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Officer and/or Director Officers and/or Directors City / State / Zip Mississauga, ON L5M1K3 Darrell A. Parsons 28 Queen Street South 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 filling this reinstaltement 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:

REINSTA

#102

City & State

34104 -

P. 17

. . . pp x

Signature of Registered Agent

Titles

PSTD

<u>Darrell A.</u> Parsons SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

WRS/wlm

Enclosures - As described