

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB 26 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 996000031027

1. Corporation Name

PRESTIGE UNDERWRITERS, INC

2. Principal Office Address

2900 E OAKLAND PARK BLVD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

STE 200

Suite, Apt. #, etc.

SAME

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33306

Country

U.S.A.

Zip

33306

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

04/04/1996

5. FEI Number

65-0701985

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

RUTH MARX

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

611 SW 7 STREET

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33315

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

*Ruth Marx* *Ruth Marx*

Date

2/2/04

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
PRES S/T	RUTH MARX	611 SW 7 STREET	FORT LAUDERDALE, FL 33315
V.P.	MICHAEL L MARX JR.	5829 SW 15 STREET	PLANTATION, FL 33317

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:

*Ruth Marx* *Ruth Marx*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/2004

Date

954-318-0404

Daytime Phone #

CR2E081 (01/04)