

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 334725

1. Corporation Name

EASTERN UNDERWRITERS, INC.

Principal Place of Business

Mailing Address

~~3020 INVERRARY BLVD W~~  
~~FORT LAUDERDALE FL 33319~~

~~3020 INVERRARY BLVD W~~  
~~FORT LAUDERDALE FL 33319~~

149 ISLAND WAY

149 ISLAND WAY

WEST PALM BEACH FL 33413 WEST PALM BEACH FL 33413

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

149 ISLAND WAY

149 ISLAND WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
WEST PALM BEACH FL

City & State  
WEST PALM BEACH FL

Zip  
33413

Country  
USA

Zip  
33413

Country  
USA

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

09/09/1968

5. FEI Number

59-1759388

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
S	SHERWOOD, JANET G	<del>3020 INVERRARY BLVD W</del> 149 ISLAND WAY	<del>LAUDERHILL FL</del> WEST PALM BEACH
P	SHERWOOD, ALBERT M	<del>3020 INVERRARY BLVD W</del> 149 ISLAND WAY	<del>LAUDERHILL FL</del> WEST PALM BEACH

900024382259

11/03/03--01074--010 \*\*61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHERWOOD, ALBERT M

~~3020 INVERRARY BLVD WEST~~ 149 ISLAND WAY

~~LAUDERHILL FL 33319~~ WEST PALM BEACH  
FL 33413

Name ALBERT M. SHERWOOD

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

149 ISLAND WAY

Suite, Apt. #, Etc.

City  
WEST PALM BEACH

State  
FL

Zip Code  
33413

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-29-03

11. 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:

ALBERT M. SHERWOOD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-03 561-304-1504

Date

Daytime Phone #

CR2E040 (7/03)

# Eastern Underwriters, Inc.

149 Island Way  
West Palm Beach, FL 33413

561-304-1504

OCTOBER 29 2003

DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SEC.  
PO Box 6327  
TALLAHASSEE FL 32314-6327

GENTLEMAN

THIS IS TO ADVISE YOU  
WE DID NOT RECEIVE YOUR TWO  
PRIOR NOTICES DUE TO OUR  
ADDRESS CHANGE - SEE COPY  
OF ENVELOPE WHERE SOMEONE  
WAS KIND TO FORWARD THIS  
NOTICE AND NOT PRIOR -

PLEASE ACCEPT OUR  
REINSTATEMENT WITH PAYMENT  
OF 61.25 FOR NON-PROFIT  
CORPORATION -

THANK YOU A.M. SHERWOOD 