PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUN 13 AM 11:25

DOCUMENT # 443347

1. Corporation Name
PROFESSIONAL UNDERWRITING SERVICES, INC

REINSTATEMENT 9501

2. Principal Office Address	3. Mailing Office Address
10040 SW 77 CT	10040 SW 77 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL.	City & State: MIAMI FL
Zip: 33156 Country: DADE	Zip: 33156 Country: DADE

4. Date Incorporated or Qualified To Do Business in Florida: 1974

5. FEI Number: 59-1532037 — 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: ALFRED B. CARTER III

300004447163--6
06/27/01--01021--003
***1658.75 ***1658.75

Street Address (P.O. Box Number is Not Acceptable): 10040 SW 77 CT

Suite, Apt. #, Etc.:

City: MIAMI FL. State: FL Zip Code: 33156

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: [signature] III — REGISTERED AGENT MUST SIGN

Date: 6/10/01

CR2E081 (9/00)

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	ALFRED B CARTER III	10040 SW 77 CT	MIAMI FL 33156
VP	ALFRED B CARTER JR	7220 SW 126 ST	MIAMI FL 33156
Sect	ELSIE B CARTER	7220 SW 126 ST	MIAMI FL 33156

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: [signature] III ALFRED B CARTER III — 6/10/01 — 3052740301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #