PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F0100000378

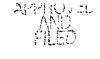
1. Corporation Name

SIGNATURE:

DENNIS SCOTT MAIR ACTUARIAL SERVICES LTD. (CORP)

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICES OR TIRECTOR



03 OCT 24 PM 5: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal P	ace of Busine	ess	Mailing Addr	Mailing Address			t tuncum és	is Bulun 17811 Bull Bull Bull Bull Bull Bull	#8(88)()(f)888()8)) (#8)	
1000 ISLAN WILLIAMS	ID BLVD APT ISI AND	3103		1000 ISLAND BLVD., APT 3103 WILLIAMS ISLAND						
AVENTURA				AVENTURA FL 33160			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	* (4.5)	
If above a	ddresses are	incorrect in any way, line	through incorrect in	nformation a	nd enter cor	rection below.		STATEMEN		
				ing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc. Suite				Suite, Apt. #, etc.			01/23/2001 5. FEI Number Applied For			
City & State	3		City & State	City & State			13-3168587 Not Applicable			
Zip Country			Zip	Zip Countr			6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee req		Additional Fee required a Certificate of Status	
7. Names	and Street Ad	I dresses of Each Officer a	nd/or Director (Flo	rida nonprof	it corporatio	ns must list at lea	ıst 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
PSTD	MAIR, DENNIS S			1000 ISLAND BLVD., APT 3103				AVENTURA FL		
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							100024058421 10/24/0301005014 **758.75			
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8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
						Name				
MAIR, DENNIS S 1000 ISLAND BLVD. APT 3103					Street Address (F		P.O. Box Number is Not Acceptable)			
AVENTURA FL 33160					Suite, Apt. #, Etc.					
					City			State Zip Code		
10. I, being	appointed th	registered agent of the	above hamed corpo	oration, am f	amiliar with	and accept the ob	oligations of Secti	on 607.0505, F.S. or 617.0505,	F.S.	
		/) (// _ ,	Ma	_	_)	
Signature o Registered	f Agent		REGISTERED AG	ENT MUST	SIGN			Date	23	
this rein	statement app	olication, the reason for d	issolution has been	eliminated,	the corporat	e name satisfies	the requirements	upter 607 or 617, F.S. I further c of section 607.0401 or 617.040 der section 119.07(3)(i), F.S. Th	11, F.S., that all fees	