APPROVED
AND
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

، المراجات

17			COM ELIMO MIGILIONA.
	RPORATION STATEMENT	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	02 AUG -5 PM 5: 07  SECRETARY OF STATE FALLAHASSEE, FLORIDA
DOC	JMENT # F95000003179		, , , , , , , , , , , , , , , , , , , ,
1. Corpore		ters, Inc.	1000071143118 -08/14/0201072005 ******8.75 ******8.75
2. Principa	al Office Address	3. Mailing Office Address	REINSTATEMENT 2001-025
3101 Towercreek Parkway 3101		3101 Towercreek Parkway	
· · · · · · · · · · · · · · · · · · ·		Suite, Apt. #, etc.	40
Suite 750 Suite 7		   Suite 750	4. Date Incorporated or Qualified
		City & State	To Do Business in Florida June 30,1995
Atlant	ta, Georgia	Atlanta, Georgia	5. FEI Number Applied For
Zip	Country	Zip Country	58–1526098 Not Applicable
30339	U.S.A.	30339 U.S.A.	CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status
		7. Name and Address of Current Register	ed Agent
	Corporation Service Com Street Address (P.O. Box Number is N 1201: Hays Street Suite, Apt. #, Etc. City Tallahassee		100071143118 -08/14/0201072006 *****900.00 *****9 State Zip Code FL 32301
<b>9</b> 4 bains			
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 Agent REGISTERED AGENT MUST SIGN  REGISTERED AGENT MUST SIGN			
9. Names	<u> </u>	l/or Director (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
C/D/P	David Dennett-Smith	3101 Towercreek Parkway,	Ste 750 Atlanta, GA 30339
S S	Steve Landin	3101 Towercreek Parkway,	
D	Charles Osborne	3101 Towercreek Parkway,	Ste 750 Atlanta, GA 30339
D	Gerald S. Livingston	3101 Towercreek Parkway,	Ste 750 Atlanta, GA 30339
D	Mark Littell	65 NorwoodcAvenueerkway,	Ste 75. Monteláir;ANJ3J07043
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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 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 to 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 AND THESE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/02

770-980-0591

Daytime Phone #

CKZE081 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE: 692667 7346021

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: August 5, 2002

ORDER TIME : 3:50 PM

ORDER NO. : 692667-005

CUSTOMER NO: 7346021

CUSTOMER: Stanley A. Coburn, Esq

Katz & Coburn

The Adrian Lowell Bldg 3975 Roswell Road, N.e.

Atlanta, GA 30342

## DOMESTIC FILINGS

NAME:

LAURUS EXCESS UNDERWRITERS,

INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

EXAMINER'S INITIALS

OZ AUG -5 PM 4: 53
DEPARTMENT OF STATE
TALLAHASSEE FLOSIOA

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