H98000022098 1 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
1998 NOV 25 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H42100

1. Corporation Name

FIRST DEFENSE LEGAL SERVICES INSURANCE CORPORATION

Principal Place of Business / Mailing Address

5975 SUNSET DRIVE #503
MIAMI, FL 33143

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

SCC 11-25-98

REINSTATEMENT '96-'98

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
9360 SW 72 ST. #287	9360 SW 72 ST. #287
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33173 County: USA	Zip: 33173 County: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-2679560 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ NOTE: 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	EATON, JULIAN	5975 SUNSET DRIVE #503	MIAMI, FL 33143
S	PRIETO, MARIA L.	5975 SUNSET DRIVE #503	MIAMI, FL 33143

8. Name and Address of Current Registered Agent

FIELDS, DAVID K.
9360 SUNSET DRIVE #287
MIAMI, FL 33173

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

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.

Signature of Registered Agent: David K. Fields Date: 5/1/98
(REGISTERED AGENT MUST SIGN)

11. This corporation owes or has paid the current year intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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: Julian J. Eaton 5/1/98 305-271-7697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Prepared BY: David K. Fields 9360 Sunset Drive, #287 Miami, FL 33173
Tel: (305) 271-7697

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Florida Department of State
Division of Corporations
Public Access System
Sandra B. Mortham, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

FIRST DEFENSE LEGAL SERVICES INSURANCE CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,050.00