

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

06 FEB 22 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K32229

1. Corporation Name

NEIGHBORS INSURANCE UNDERWRITERS, INC.

2. Principal Office Address

14806 NE 6 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

14806 NE 6 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip
33161

Country
USA

Zip
33161

Country
USA

500067378735
03/08/06--01008--018 **750.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida **09/01/1988**

5. FEI Number
65-0081960

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
BARBARA RICO

Street Address (P.O. Box Number is Not Acceptable)
14806 NE 6 AVE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33161

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]

REGISTERED AGENT MUST SIGN

Date **02-21-06**

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
PD	LOURDES M. MENENDEZ	14806 NE 6 AVE	MIAMI FL 33161

K. Eckel FEB 22 2006

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 contained in Chapter 119, 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 OFFICIAL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-21-06

Date

Daytime Phone #

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

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TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2002, 2003, 2004 AND 2005 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



LOURDES M. MENENDEZ
PRESIDENT