

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 NOV -9 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L56428

**1. Corporation Name**

CHARIS - THE UNDERWRITING PROS, INC.

**2. Principal Office Address**

2500 N.W. 79 Avenue

**3. Mailing Office Address**

Same Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip  
33122

Country  
USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3/7/90

**5. FEI Number**

650179723

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ ~~REINSTATEMENT~~

**7. Name and Address of Current Registered Agent**

Name

AMKGS REGISTERED AGENTS, INC.

400003463494-5

-11/15/00-01008-008

Street Address (P.O. Box Number is Not Acceptable)

One S.E. Third Avenue, Suite 2250

\*\*\*750.00 \*\*\*750.00

Suite, Apt. #, Etc.

Suite-2250

City

Miami

State  
FL

Zip Code  
33131

**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 11/7/00

**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
PTD	Florentino Diaz	2500 N.W. 79 Avenue	Miami, FL 33122

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORENTINODIAZ

Date

11/3/00

Daytime Phone #

305 715 0050