

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000002538**

1. Corporation Name

PEO UNDERWRITERS, INC.

Principal Place of Business

**9498 ALT A1A
LAKE PARK FL 33403**

Mailing Address

**9498 ALT A1A
LAKE PARK FL 33403**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2000

5. FEI Number

71-0906885

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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	4 City / State / Zip
D	SMITH, MARK W	9498 ALT A1A	LAKE PARK FL 33403

8. Name and Address of Current Registered Agent

**SMITH, MARK W
9498 ALTERNATE A1A
LAKE PARK FL 33403**

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10/30/02**

11. 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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/02

Daytime Phone #

CR2E040 (8/02)

Mark W. Smith, C.P.A.

Certified Public Accountant

October 29, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: PEO UNDERWRITERS, INC.
Document / Reference # P30000002538

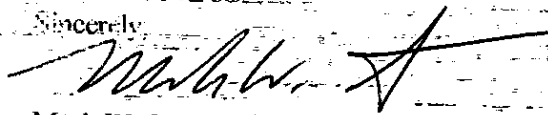
To Whom It May Concern:

Enclosed please find a completed Application for Reinstatement form. I request that the fee for reinstatement be waived. On August 23, 2002, I mailed a completed copy of the 2002 UNIFORM BUSINESS REPORT to your office (with a check). It was returned to me with a letter dated August 28, 2002 (copy enclosed) asking for a FEIN on the application. On September 9, 2002, I submitted a form to the IRS requesting a FEIN. It was returned to me on September 13 for incomplete information. It was mailed out that same day. When I had not received it one week later, I faxed the information to the IRS and received my FEIN on October 3, 2002 (copy enclosed). The completed application was then re-mailed to your office.

On Monday, October 28, I received a NOTICE of ADMINISTRATIVE DISSOLUTION or REVOCATION. I called your office to see what I could do regarding this notice and was told to write this letter. I hope that this clears up any confusion (and lost paperwork).

I thank you for your time and assistance into this matter. If you require additional information, please contact me at (561) 845-8996.

Sincerely,



Mark W. Smith
PEO UNDERWRITERS, INC.

Mws/dar

Enclosures