

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000064824

1. Corporation Name

AMERICAN MARINE UNDERWRITERS S.E., INC.

Principal Place of Business

Mailing Address

1200 U.S. HWY. ONE, COVE PLAZE. STE. A
NORTH PALM BEACH FL 33408

1200 U.S. HWY. ONE, COVE PLAZE. STE. A
NORTH PALM BEACH FL 33408

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/2000

5. FEI Number

65-1023160

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SCHRAMA, ALFRED L	100 LAKE SHORE DR., APT 12	NORTH PALM BEACH FL 33408
STD	MARTUSCELLO, JOSEPH M	373 CLINTON ST.	BROOKLYN NY 11231

000004717080--8
-12/10/01--01098--002
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTUSCELLO, KATHYRN-MARY
40207 FISHER ISLAND DR.
FISHER ISLAND FL 33109

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Katherine Harris

Date

11/6/01

REGISTERED AGENT MUST SIGN

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:

Katherine Harris

Date

11/6/01

Daytime Phone #



American Marine Underwriters Agency, Inc.

108 Greenwich Street, New York, NY 10006

877-AMU-INS-2 • FAX: 877-825-7505

boatinginsurance.com

email: info@boatinginsurance.com

November 21, 2001

**Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

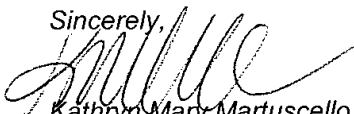
**Re: American Marine Underwriters S.E., Inc.
65-1023160/Reinstatement**

To Whom It May Concern:

Enclosed please find a check for \$ 150.00 and an application for reinstatement. After speaking with a representative for the Department of State, we had informed them that we never received prior notice to file the report in question and we would like to be reinstated. The representative stated to submit a fee for \$ 150.00 and the completed application. Please let me know if there is anything else required in order to be reinstated.

Thank You.

Sincerely,


Kathryn Mary Martuscello
Vice President

KMM:ajf
Enclosure