

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 24 AM 8:01

DOCUMENT # P00000064824

1. Corporation Name

AMERICAN MARINE UNDERWRITERS S.E., INC.

Principal Place of Business

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

Mailing Address

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.

REINSTATEMENT

02

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

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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|---------------------------|
| 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 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

800009667498
12/24/02--01027--002 **750.00

8. Name and Address of Current Registered Agent

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

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/10/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(212) 349-3500

CR20040 (8/02)