

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2008 JAN 30 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900116459439
01/30/08--01033--027 **1050.00

CR2E081 (12/07)

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701000010993

1. Corporation Name

SURETY MANAGEMENT, INC

2. Principal Office Address - No P.O. Box #

1000 NW 14th ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33136

Country

USA

3. Mailing Office Address

1000 NW 14th ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33136

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

651074112

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

KEN STODLEY

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

1000 NW 14th ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33136

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Ken Stodley

REGISTERED AGENT MUST SIGN

Date 1-25-08

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	AABBOT, DOUGLAS	1000 NW 14th ST	MIAMI, FL 33136
VSD	HEFFERNAN, MARK	1000 NW 14th ST	MIAMI, FL 33136
T	DONNA, HOLMAN	1000 NW 14th ST	MIAMI, FL 33136

REINSTATEMENT

06-08

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 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:

Ken Stodley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.25.08

Date

305 381 7043

Daytime Phone #