

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC 28 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200163976872  
12/28/09--01034--007 \*\*900.00

DOCUMENT # PO 3000019259

1. Corporation Name

The Underwriting Center, Inc.

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

10440 SW 120 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

10440 SW 120 ST.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33176

Country

USA

City & State

miami, FL

Zip

33176

Country

33176

4. Date Incorporated or Qualified  
To Do Business in Florida

2/14/2003

5. FEI Number

68-0538868

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

Liana Jimenez

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

10440 SW 120 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/09/09

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
P	William Jimenez	10440 SW 120 ST	Miami, FL 33176
VP	Liana Jimenez	10440 SW 120 ST	Miami, FL 33176

**REINSTATEMENT**

**RM**

10. E-mail Address:

Liana @ Jimenez . com

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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

Liana Jimenez

12/9/09

Date

305-804-3502

Daytime Phone#