1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 JAN -9 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600084092986
01/12/07--01003--009 **458.75

DOCUMENT # P04000099824

1. Corporation Name

MAJ GENERAL LINES INSURANCE AGENCY, INC

2. Principal Office Address	**3.** Mailing Office Address
8539 NW 20 Ct	8539 NW 20 Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise FL	City & State: Sunrise FL
Zip: 33322 Country: USA	Zip: 33322 Country: USA

REINSTATEMENT (CREDIT Cards) 05-07

4. Date Incorporated or Qualified To Do Business in Florida: 07-01-04

5. FEI Number: 55-0881907 ☐ 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: MARC A. JOSEPH

Street Address (P.O. Box Number is Not Acceptable): 8539 NW 20 Ct

Suite, Apt. #, Etc.:

City: Sunrise State: FL Zip Code: 33322

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: [signature] Date: 01-06-07

REGISTERED AGENT MUST SIGN

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	MARC A. JOSEPH	8539 NW 20 Ct	Sunrise FL, 33322
VP	MARGARET JOSEPH	8539 NW 20 Ct	Sunrise FL, 33322

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 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 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: [signature] / MARC JOSEPH 01-06-07 / 954 / 746-9596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1/FEE

To Whom It May Concern:

I, Marc A. Joseph, Registered Agent of MAJ General Lines Insurance Agency, Inc, Am asking to wave the annual report Fee FOR the Year 2005 and 2006 because I did not receive any notification.

Please enclosed find a money order In the Amount of $ 450. For the Reinstatement.

Marc A Joseph