

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P92000000030

1. Corporation Name

CATASTROPHE CLAIMS SERVICES CORP.

FILED

99 MAR 22 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10020 E CALUSA CLUB DR
MIAMI, FL 33186

Mailing Address

10020 E CALUSA CLUB DR
MIAMI, FL 33186

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

2. New Principal Office Address, If Applicable

1095 SW 134TH CT
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1095 SW 134TH CT
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/92

5. FEI Number

59-1746802

Applied For

Not Applicable

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33184

Country

U.S.A.

Zip

33184

Country

U.S.A.

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)

| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip |
|-------------|--------------------------------------|--|-----------------------|
| P, VP, T, S | RENE GARCIA | 1095 SW 134TH CT | MIAMI, FLORIDA 33184 |
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8. Name and Address of Current Registered Agent

RENE GARCIA
10400 SW 108TH AVENUE
MIAMI, FL 33176-8129

9. Name and Address of New Registered Agent

Name

RENE GARCIA

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

1095 SW 134TH CT.

Suite, Apt. #, Etc.

City

MIAMI

State

Zip Code

FL 33184

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

REGISTERED AGENT MUST SIGN

Date

3/18/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

3/18/99

Daytime Phone #

305-38390-