JAN-12-1998 13:31 CT CORP-PLANTATION P.02/03

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JAN 15 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000006024

1 Corporation Name
A & L INSURANCE UNDERWRITERS, INC.

Principal Place of Business	Mailing Address
11350 S.W. 61ST TERR.	P.O. BOX 830880
MIAMI, FL 33173	MIAMI, FL 33283

900002405989--2
-01/21/98--01014--018
****908.75 ****908.75

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

2 New Principal Office Address, If Applicable 33173	3 New Mailing Office Address, If Applicable
11350 SW 61 TERR, MIAMI, FL	P.O. BOX 830880, MIAMI, FL 33283
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: MIAMI, FL	City & State: MIAMI FL
Zip: 33173 Country: USA	Zip: 33283 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/19/92

5. FEI Number: 650371753 — 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 (Do NOT Use Post Office Box Number's) 3	City State Zip 4
Pres.	ARISTIDES M. GARCIA	11350 SW 61ST TERR.	MIAMI, FL 33173
V.P.	NORMA GARCIA	11350 SW 61ST TERR	MIAMI, FL 33173

REINSTATEMENT 97-98
SL 1-16-98

8. Name and Address of Current Registered Agent

ARISTIDES M. GARCIA
11350 SW 61ST TERR.
MIAMI, FL 33173

9. Name and Address of New Registered Agent

Name: N/A
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.

Signature of Registered Agent: _____ Date: _____
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: _____ PRESIDENT 1/12/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #