

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 AUG - 2PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P950000 48438**

1. Corporation Name

National Insurance Management Company

900183357879
07/16/10--01021--012 **750.00

REINSTATEMENT **09-1D**

CR2E081 (6/10)

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

1313 NW 167th Street

Suite, Apt. #, etc.

City & State

Miami Gardens, FL

Zip

33169

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650633032

☐ 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

Attorney Paul E Susz

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

1313 NW 167th Street

Suite, Apt. #, Etc

City

Miami Gardens

State

FL

Zip Code

33169

900183357879
08/02/10--01051--002 **150.00

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

REGISTERED AGENT MUST SIGN

Date **7/12/2010**

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/D	George Tarsitano	1313 NW 167th St.	Miami Gardens, FL 33169
D	Michael Parrillo	1313 NW 167th St	Miami Gardens, FL 33169
D	Beau Parrillo	1313 NW 167th St.	Miami Gardens, FL 33169
T/D	Paul Polachek	1313 NW 167th St.	Miami Gardens, FL 33169
S/D	Paul E Susz	1313 NW 167th St.	Miami Gardens, FL 33169

10. E-mail Address: **psusz@uaig.net**

(To be used for future annual report notification)

11. 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. 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

7/12/2010 305.521.0385
Date Daytime Phone #

8/2