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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMEN



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

FILED REINSTATEMENT DIVISION OF CORPORATIONS 97 JAN 21 PH 1:02 000048613 SECRETANY OF STATE TALLAHASSEE, FLORIDA INSURANCE INFORMATION SERVICE OF AMERICA, INC. Mailing Address Principal Place of Business 5125 Orduna drive, coral Gables, Fl. 33146 If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified To Do Business in Florida 2 New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable same as above same as above 6-19-95 5. FEI Numbertax id # Applied For City & State City & State Not Applicable 65-064-5260 \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each and/or Directors Officer and/or Director City / State / Zip Title(s) (Do NOT Use Post Office Box Numbers) PRES. LISA A. CATANIA 5125 Orduna Drive Coral Gables, Florida DIR. 000002066190 -01/23/97--01057--010 ****915.00 ****915**/**50 REINSTATEMENT 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Lisa A. Catania Margaret Aguirre Street Address (P.O. Box Number is Not Acceptable) 250 Catalonia Avenue 5125 Orduna Drive Suite 804 Coral Gables, Fl. 33134 State Zip Code **FL** | 33146 Coral Gables, above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed Signature of Registered Agent Date ... REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. Fre-lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. The certify that I am an offiger of the receiver of trustee empowered to execute this application as provided for in chapter 607 or 617. F.S. I further certify that when filing this reinstallment application the reason for dissolution has been eliminated, the expectate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-97.665-260