

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000029939**

1. Corporation Name

PREMIER UNDERWRITERS, INC.

Principal Place of Business

3915 BISCAYNE BLVD.
4TH FLOOR
MIAMI FL 33137

Mailing Address

3915 BISCAYNE BLVD.
4TH FLOOR
MIAMI FL 33137

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/1996

5. FEI Number

65-0666789

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 3	City / State / Zip 4
D	ESPIN, ROBERTO	3915 BISCAYNE BLVD. 4TH FLOOR	MIAMI FL 33137

500024517275
11/07/03--01079--008 **150.00

8. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO & MORENO, P.A.
25 S.E. 2ND AVENUE
SUITE 900
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE: *NO CHANGE*

Date

REGISTERED AGENT MUST SIGN

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 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: *[Signature]*

JOSE ESPIN

10/13/03

305-593-3115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



PREMIER UNDERWRITERS, INC.
Insurance Solutions

10/13/03

Corporation Name: Premier Underwriters, Inc.
Document Number: P96000029939

To whom it may concern,

We are in receipt of the 'Notice of Administrative Dissolution or Revocation' form from the Florida Department of State. We respectfully ask the reinstatement fee be waived as our records indicate that our corporation did not receive the two prior uniform business report (UBR) notices.

We would appreciate you sending us the corporation annual report/uniform business report (UBR) to be completed immediately upon receipt.

Enclosed please find the application for reinstatement and payment for the reinstatement fee.

Please do not hesitate to contact me if I may be of any further assistance.

Sincerely,



Jose Espin