

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 OCT 13 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000043119**

1. Corporation Name

KNEWITZ INSURANCE SERVICES, INC.

Principal Place of Business

7411 SW 128 AVENUE
MIAMI FL 33183

Mailing Address

7411 SW 128 AVENUE
MIAMI FL 33183

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

05/21/1996

5. FEI Number

65-0668490

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	KNEWITZ, KENNETH TODD	8400 SOUTHWEST 133RD AVENUE, UNI	MIAMI FL 33183

000023760510

10/13/03--01093--003 **150.00

8. Name and Address of Current Registered Agent

KNEWITZ, KENNETH T
8400 SW 133 AVE
UNIT 303
MIAMI FL 33183

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

Kenneth T. Knewitz

REGISTERED AGENT MUST SIGN

Date

10/9/03

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:

Kenneth T. Knewitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03 (305) 408-1925

Daytime Phone #

CR2E040 (7/03)

Knewitz's Insurance Inc.

Todd Knewitz
Insurance Broker (Lic. 218)

7411 SW 128 Avenue
Miami, FL 33183

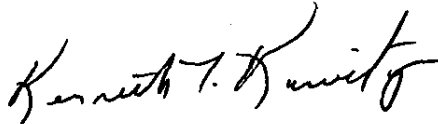
Ph. 305 408-1925
Fax 305 408-1926

10-9-03

Hello- As per our conversation, I do not remember receiving either the initial nor the second request for renewing my corporation. I have paid on time every year and will continue to do so. Please wave my reinstatement fee.

Thank you kindly,

Kenneth T. Knewitz



(Knewitz Insurance Services Inc.)