

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

WZ

APPLICATION  
FOR  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 20 PM 5: 32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P96000045490

1. Corporation Name

FLORIDA HEALTH UNDERWRITER'S, INC.

Principal Place of Business

1250 LAUREL CT  
MARCO ISLAND FL 34145  
US

Mailing Address

1240 LAUREL CT  
MARCO ISLAND FL 34145  
US

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

05/29/1996

5. FEI Number

65-0673239

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
P	METZLER, ROBERT	1240 LAUREL COURT	MARCO ISLAND FL 34145

400003457954--6  
-11/09/00--01011--009  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

METZLER, ROBERT  
991 N BARFIELD DRIVE #201  
MARCO ISLAND FL 33937

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.

Signature of  
Registered Agent

*Robert Metzler*  
REGISTERED AGENT MUST SIGN

Date 10-18-00

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., 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:

*Robert Metzler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-00

Date

Daytime Phone #

941-394  
5767

CR2ED40 (8/00)

20f2

Wednesday, October 18, 2000

Florida Health Underwriter's Inc.  
1240 Laurel Ct  
Marco Island, FL  
34145

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL  
32314

Re: Administrative Dissolution

Dear Division of Corporations,

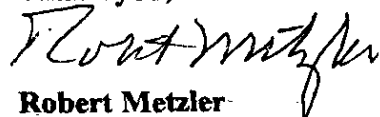
We duly filed our annual report prior to May 1 along with our necessary fees for renewal.

Our first notice of this evidently not being received or lost was today upon receipt of the Notice of Administrative Dissolution or Revocation.

As there is no notice provided for us to know the report did not arrive or any other provision for us to have reacted before today, we are respectfully requesting your Division to honor our enclosed application for reinstatement along with replacement funds for the original timely annual fees that we understood were sent.

If we cannot obtain your help, the large re-instatement fee will be impossible for us to pay.

Thank you,



Robert Metzler  
Florida Health Underwriter's Inc.