

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

00 AUG -2 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000057447

1. Corporation Name

INSURANCE PROFESSIONAL UNDERWRITERS, INC.

Mailing Address

Principal Place of Business

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

1613 SW 67 AV.

3. New Principal Office Address, If Applicable

1613 SW 67 AV.

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0677635

Applied For

Not Applicable

City & State

Miami, FL

City & State

Miami, FL

Zip

33155

Country

USA

Zip

33155

Country

U.S.A.

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P, S	JOSE A. CANALS	7850 BYRONS AV. APT. 602	Miami Beach, FL 33141
V, T	JULIO M. PEDROSO	10710 SW 67 TERR	Miami, FL 33173
			300003349543--0 --08/08/00--01073--006 ***900.00 ***900.00
			REINSTATEMENT 99-02 78

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

JOSE A. CANALS

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

7850 BYRONS AV.

Suite, Apt. #, Etc.

602

City

Miami Beach

State

FL

Zip Code

33141

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

Jose A. Canals

REGISTERED AGENT MUST SIGN

Date 8/1/00

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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. I release 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. 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., 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 if made under oath.

SIGNATURE:

Jose A. Canals

JOSE CANALS

Date

8/1/00

Daytime Phone #

(305) 2662990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25-040 (5-94)