PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **!APPLICATION** Sandra B. Mortham FOR REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS 98 JUN 15 AM 8: LI 000102782 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA Southeast Transportation Insurance Company, Inc. Principal Place of Business Mailing Address 5895 N.W. 167 Street 5895 N.W. 167 Street Miami, Florida 33015 Miami, Florida 33015 REINSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, if Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified N/A N/A To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number X Applied For City & State City & State Not Applicable 6. \$8.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED for a Certificate of Statu 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 Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) and/or Directors City / State / Zip Jeronimo M. Esteve Pres. 5895 N. W. 167 Street Miami, Florida 33015 900002570019---06/23/98--01086--018 \*\*\*\*\*\*8.75 \*\*\*\*900.00 \*\*\*\*900.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name CR2E040 (1/98) Jon W. Zeder, Esq. N/A Adorno & Zeder, P.A. Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Drive, Suite 1600 Suite, Apt. #, Etc. Miami, Florida 33133 Zip Code State 10. In peinig 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 REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. Yes l 12. 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. Jeronimo M. Esteve 305/364-9300 SIGNATURE:

Daytime Phone #

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## ADORNO & ZEDER

A PROFESSIONAL ASSOCIATION

260I SOUTH BAYSHORE DRIVE SUITE IGOO

MIAMI, FLORIDA 33133
TELEPHONE (305) 858-5555
WORLD WIDE WEB http://www.adorno.com

FACSIMILE (305) 858-4777

June 12, 1998

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Southeast Transportation Insurance Company, Inc. Reference Number: P96000102782

## Division of Corporations:

Enclosed please find the Application for Reinstatement for Southeast Transportation Insurance Company, Inc. along with a check for \$900.00 to cover the reinstatement fees.

In addition, once the company is reinstated, please send me a certificate of status. To that end, I have enclosed another check in the amount of \$8.75.

Your assistance in this matter is greatly appreciated. If you have any questions, please feel free to contact me at 305.860.7042.

Respectfully,

Shayna M. Bechtel, Esq.