
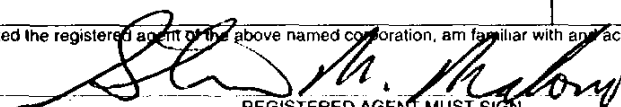
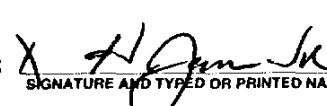


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 JUN 16 PM 4:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P97000071419					
1. Corporation Name UNITED STATES COMMERCIAL & RESIDENTIAL INSURANCE COMPANY					
Principal Place of Business 444 Brickel Avenue Suite P-14 Miami, Florida 33131		Mailing Address 444 Brickel Avenue Suite P-14 Miami, Florida 33131			
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 8/18/97	
				5. FEI Number 65-0760549	
				Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)
					4 City / State / Zip
	D/P		Henry James LRL		444 Brickel Avenue Suite P-14 Miami, Florida 33131
	D		Arturo Montaya		150 Westward Drive Miami Springs, FL 33166
	D/T		Rodolfo Requena		444 Brickel Avenue Suite P-14 Miami, Florida 33131
	D/S		Pablo Urbano		44 Brickel Avenue Suite P-14 Miami, Florida 33131
	D		John Blake		444 Brickel Avenue Suite P-14 Miami, Florida 33131
8. Name and Address of Current Registered Agent					
Steven M. Malono, Esquire Carlton Fields 215 W. Monroe Street, Suite 500 Tallahassee, Florida 32302-1866					
9. Name and Address of New Registered Agent LS					
Name Street Address (P.O. Box Number is Not Acceptable) 900002911299--3 Suite, Apt. #, Etc. -06/21/99-01154-017 ***308.75 ***308.75 City State Zip Code FL					
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  Date 6/15/99 REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
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.					
SIGNATURE:  HENRY JAMES LRL 6/15/99 305 960 2165 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E081 (12/98)