


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000084531		
1. Entity Name PHOENIX INSURANCE UNDERWRITERS, INC.		

Principal Place of Business 2121 PONCE DE LEON BLVD. 500 CORAL GABLES, FL 33134 US	Mailing Address 2121 PONCE DE LEON BLVD. 500 CORAL GABLES, FL 33134 US
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2. Principal Place of Business 238 PALERMO AVE	3. Mailing Address 238 PALERMO AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State CORAL GABLES FL	City & State CORAL GABLES FL
Zip 33134	Country MIAMI-DADE

FILED
05 MAY 31 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

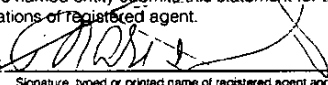


05242005 REIN-P CR2E098 (6/04)

4. FEI Number 65-0805859	Applied For <input type="checkbox"/> Not Applicable
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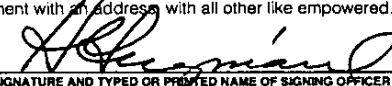
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORALES, MARIA V 2121 PONCE DE LEON BLVD STE 500 MIAMI, FL 33134	7. Name and Address of New Registered Agent Name MORALES, MARIA V Street Address (P.O. Box Number is Not Acceptable) 238 PALERMO AVE City CORAL GABLES FL 33134
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 5/24/05
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUZMAN, HILDA F 9870 S.W. 35TH TERRACE MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUZMAN, HILDA F 100 ANDALUCIA AVE #806 CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORALES, MARIA V 2121 PONCE DE LEON BLVD #500 MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORALES, MARIA V 238 PALERMO AVE CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.	
SIGNATURE: 	DATE 5/24/05 (305) 431-2527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	