

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 OCT 22 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000016075

1. Corporation Name

SURPLUS RE INTERNATIONAL, INC.

2. Principal Office Address

10691 N. KENDALL DR.

Suite, Apt. #, etc.

# 201

City & State

Miami, FL

Zip

33186

Country

U.S.A.

3. Mailing Office Address

10691 N. KENDALL DR.

Suite, Apt. #, etc.

# 201

City & State

Miami, FL

Zip

33186

Country

U.S.A.

**REINSTATEMENT 02**

4. Date Incorporated or Qualified  
To Do Business in Florida

02/18/1998

5. FEI Number

650822691

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BRUCE PESTANO

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

1812 VICTORIA POINTE CR.

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33327

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/21/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BRUCE PESTANO	1812 VICTORIA POINTE CR.	WESTON, FL 33327
V	JESUS LIENDO	1806 VICTORIA POINTE CR.	WESTON, FL 33327
S	FAZAL MATHURA	4466 Blosson Ln.	WESTON, FL 33331

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02

Date

954-3896279

Daytime Phone #

CR2ED81 (8/01)

25 10/24/02