

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # S 07194

1. Corporation Name

International Reinsurance, Inc.

2. Principal Office Address

3100 Ocean Blvd

Suite, Apt. #, etc.

Suite 2808

City & State

Fort Lauderdale, FL

Zip

Country

33306

US

3. Mailing Office Address

3100 Ocean Blvd.

Suite, Apt. #, etc.

Suite 2808

City & State

FT. Lauderdale, FL

Zip

Country

33306

REINSTATEMENT

94-00

4. Date Incorporated or Qualified
To Do Business in Florida

October 19, 1990

5. FEI Number

581917243

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

Laurence B. Day

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

3100 Ocean Blvd.

Suite, Apt. #, Etc.

Suite 2808

City

Fort Lauderdale

State

FL

Zip Code

33306

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

Laurence B. Day

REGISTERED AGENT MUST SIGN

Date *August 30, 2000*

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
PD	<i>Laurence B. Day</i>	<i>3100 Ocean Blvd # 2808</i>	<i>Fort. Lauderdale, FL 33306</i>

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:

Laurence B. Day
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 30, 2000
Date

Daytime Phone #

CR2E081 (9/99)