

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S13964**

1. Corporation Name

UNITED STATES UNDERWRITERS, INC.

Principal Place of Business

**1108 KANE CONCOURSE SUITE 302
MIAMI BEACH FL 33154**

Mailing Address

**1108 KANE CONCOURSE SUITE 302
MIAMI BEACH FL 33154**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Not applicable

3. New Mailing Office Address, If Applicable

Not applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/1990

5. FEI Number

65-0236952

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$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
P	BIRNBERG, MONROE	1108 KANE CONCOURSE SUITE 302	MIAMI BEACH FL 33154
VP	HARRIS, THOMAS	725 HUMMING BIRD WAY	N PALM BEACH FL RETIRED
TAS TS	RAMOS, MARIA A.	15441 SW 143RD AVE	MIAMI FL 33177

000002624650-4
-08/25/98-01055-016
******908.75 ****908.75**

8. Name and Address of Current Registered Agent

**RAMOS, MARIA A.
1108 KANE CONCOURSE, STE. 302
MIAMI BEACH FL 33154**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Maria A. Ramos

REGISTERED AGENT MUST SIGN

Date **August 19, 1998**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(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:

Maria A. Ramos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 19, 1998

Date

305-864-8645

Daytime Phone #

CR2E040 (8/97)