

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 27 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V02789

1. Corporation Name

EMPIRE WARRANTY HOLDING COMPANY

Principal Place of Business

Mailing Address

8600 PINES BLVD
PEMBROKE PINES FL 33024
US

110 S.E. SIXTH XXST
FT. LAUDERDALE FL 33301
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33301

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/1991

5. FEI Number

65-0329

Applied For

6. CERTIFICATE OF STATUS (REQUIRED)

\$3.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	HAWKINS, THOMAS W Michael E. Maroone	110 SE 6TH ST, 20TH FL	FT. LAUDERDALE FL 33301
DVS	COLE, JAMES O JONATHAN P. Fereando	110 SE 6TH ST, 20TH FL	FT. LAUDERDALE FL 33301
POSS	MAROONE, MICHAEL E	110 SE 6TH ST, 20TH FL	FT. LAUDERDALE FL 33301
CEC	REESE, DONALD J	110 SE 6TH ST, 20TH FL	FT. LAUDERDALE FL 33301
V	HODGEN, BRAD	110 SE 6TH ST, 20TH FL	FT. LAUDERDALE FL 33301
V	GAHAM, KEN	110 SE 6TH ST, 20TH FL	FT. LAUDERDALE FL 33301

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

33301

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

Vicky Goldstein
REGISTERED AGENT MUST SIGN

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

Date

10/26/00

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/00 (954) 769-6000

CR2ED40 (8/00)