

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

02 FEB 27 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # **663376**

1. Corporation Name  
**AJ HOSEA INSURANCE, INC.**

2. Principal Office Address  
**15555 CAIRNRYAN CT. P.O. BOX 4861**

Suite, Apt. #, etc.

3. Mailing Office Address  
**15555 CAIRNRYAN CT. P.O. BOX 4861**

Suite, Apt. #, etc.

City & State  
**MIAMI LAKES FL**

Zip Country  
**33014 USA**

City & State  
**MIAMI LAKES FL**

Zip Country  
**33014 USA**

4. Date Incorporated or Qualified To Do Business in Florida  
**1979**

5. FEI Number  
**59-1978450**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

*01-02 UBR [Signature]*

**7. Name and Address of Current Registered Agent**

Name  
**AJ HOSEA**

Street Address (P.O. Box Number is Not Acceptable)  
**15555 CAIRNRYAN CT.**

Suite, Apt. #, Etc.

City  
**MIAMI LAKES**

State Zip  
**FL 33014**

300005251233-3  
-04/12/02-01048-025  
\*\*\*308.75 \*\*\*308.75

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 *[Signature]*  
REGISTERED AGENT MUST SIGN

Date **2-20-02**

**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   |
|--------|-----------------------------------|--|----------------------|
| PD     | AJ HOSEA                          | 15555 CAIRNRYAN COURT                          | MIAMI LAKES FL 33014 |
| SD     | CHARLES T. HOSEA                  | " "  | " "                  |
| VTD    | ROBERT A. HOSEA                   | " "  | " "                  |
|        |                                   |  |                      |
|        |                                   |  |                      |
|        |                                   |  |                      |

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-20-02**

Daytime Phone # **305-824-9994**

CR2E081 (9/01)