

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 JAN 12 PM 3:43

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **F94000002135**

1. Corporation Name

CUENCA & ASSOCIATES INSURANCE AGENCY, INC.



REINSTATEMENT *0000*

Principal Place of Business

2701 PARK MARINA DR.
 FIRST FLOOR
 REDDING CA 96001-2805

Mailing Address

P.O. BOX 991850
 REDDING CA 96099-1850
 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

4. Date Incorporated or Qualified To Do Business in Florida

04/25/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

94-2156207

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	4 City / State / Zip
PTD	CUENCA, HENRY R	10113 ORIOLE LN.	PALO CEDRO CA 96073
SD	CUENCA, MARY ANNE	10113 ORIOLE LN.	PALO CEDRO CA 96073
			000003556060-6 01/19/01 01092 001 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST.
 TALLAHASSEE FL 32301

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 *Deborah D Skipper* **Deborah D. Skipper** as its agent Date 1-12-01
 REGISTERED AGENT MUST SIGN

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]* **KE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/1/00 Daytime Phone # 530 225-8888

CR2E040 (8/00)