

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED:
AND
FILED

1 of 2

01 MAR 15 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

CORPORATION

1998-2001

UBR

DOCUMENT # S75298

1. Corporation Name

F & R INSURANCE AGENCIES INC.

2. Principal Office Address

330 NE 39th AVE

Suite, Apt. #, etc.

B

City & State

GAINESVILLE, FL.

Zip

32609

Country

Alachua

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3081188

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

Nirio J. Rubiera

800003912158-9

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

3828 NW 65th AVE

~~03/27/01~~ ~~01059~~ ~~014~~
****600.00 ****800.00

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32653

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

REGISTERED AGENT MUST SIGN

Date 3-15-00

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

P

Nirio J. Rubiera

3828 NW 65th AVE
GAINESVILLE, FL 32653

GAINESVILLE, FL, 32653

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00

Date

352-756-8960

Daytime Phone #

CR2ED81 (9/00)

F&R INSURANCE AGENCIES INC.
330 NE. 39th AVE. Suite B
GAINESVILLE, FL. 32609

March 15, 2001

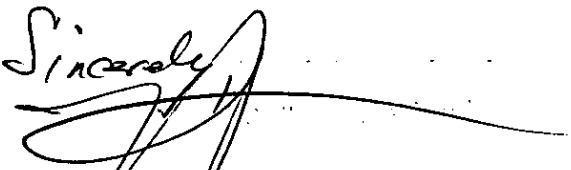
DIVISION OF CORPORATIONS
P.O. BOX 6327
Tallahassee, FL. 32314

DEAR FRIEND,

This letter is intended to relate the facts as to the missed payment of the Annual Reports AND the subsequent cancellation of F&R Insurance Corp. Inc. with tax identification number 59-3391188.

The corporation above moved to a new location and is no longer headquartered at 3900 N. Main St. I did not receive the 1998 and continuing years due to our moving. We notified the Department of this but apparently this request was not received by your office.

I have received lawsuit documents and I have begun to handle all administrative duties for the company stated above. At this time I realized of the dissolution by a mailing mistake and would like to reinstate with a smaller fee than currently required.

Sincerely,

Mirjo J. Ruzicka, President