PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

99 OK

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

FILED
99 OCT 27 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000039495**

1. Corporation Name

CARTAYA INSURANCE APPRAISERS, INC.

Principal Place of Business	Mailing Address
10360 S.W. 137TH COURT MIAMI FL 33186	10360 S.W. 137TH COURT MIAMI FL 33186

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

4. Date Incorporated or Qualified To Do Business In Florida: 05/01/1998

5. FEI Number: 65-0848713 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CARTAYA, JUAN CARLOS	10360 S.W. 137TH COURT	MIAMI FL 33186

200003034662--9
-11/04/98--01033--004
****150.00 ****150.00

8. Name and Address of Current Registered Agent

~~DE LA CAL, MARCO ESQ.~~
~~10360 S.W. 137TH COURT~~
~~MIAMI FL 33186~~

9. Name and Address of New Registered Agent

Name: JUAN CARLOS CARTAYA
Street Address (P.O. Box Number is Not Acceptable): 14639 SW 104 STREET
Suite, Apt. #, Etc.: PMB - 338
City: MIAMI State: FL Zip Code: 33186

CR2E040 (8/98)

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: [signature] Date: 10-20-99
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.

KE

SIGNATURE: [signature] JUAN CARLOS CARTAYA 10-20-99 305-383-4373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042046 AF

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Cartaya Insurance Appraisers, Inc. APPRAISER • LOSS CONSULTANT • UMPIRE
10360 S.W. 137th Court • Miami, FL 33186
Phone: (305) 382-4373

October 20, 1999

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl. 32314-6327

RE: Corporation : Cartaya Insurance Appraisers, Inc.
Location : 10360 S.W. 137th Court
Miami, Florida 33186

To whom it may concern:

Per your offices request please see the attached check in the amount of $150.00 for the renewal fees applicable. As directed by your office, please waive the administrative revocation fee, since we did not receive the first renewal notice.

Thank you in advance for your anticipated cooperation in this matter. If you have any further questions please contact our office.

Sincerely,

Juan C. Cartaya
Appraiser