2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -1 PM 4:02

DOCUMENT # M04992

1. Entity Name
S.G. & ASSOCIATES INSURANCE BROKERS, INC.

REINSTATEMENT 06

Principal Place of Business	Mailing Address
9999 SUNSET DRIVE #102 MIAMI, FL 33173	C/O SERGIO GONZALEZ 7840 CORAL WAY MIAMI, FL 33155
2. Principal Place of Business: Same as above.	3. Mailing Address: 9999 Sunset Dr #102
Suite, Apt. #, etc	Suite, Apt. #, etc: Miami, FL.
City & State	City & State
Zip / Country	Zip: 33173 / Country: Dade.

11282006 REIN-P CR2E098 (11/05)

4. FEI Number: 59-2445752 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, SERGIO D. ~~7840 CORAL WAY~~ 9999 Sunset Dr. #102 MIAMI, FL ~~33155~~ Miami, Fl. 33173	Name Street Address (P.O. Box Number is Not Acceptable) City: FL — Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sergio D. Gonzalez — 11/28/06
Signature of a general partner or manager of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GONZALEZ, SERGIO D 9999 SUNSET DRIVE #102 MIAMI, FL 33173 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000082209490 12/01/06--01040--013 **158.75
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sergio D. Gonzalez — 11/28/06 — 3052799012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #