

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 96-97  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # 266641

97 MAR 26 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name

ROYAL CARIBBEAN INSURANCE AGENCY, INC.  
1770 West Flagler St.  
MIAMI, FL. 33135

Principal Place of Business

Mailing Address

1770 West Flagler St.  
Miami, FL. 33135

SAME

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

1/30/1963

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1005316

Applied For

Not Applicable

City & State

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P.D.T.	JUAN G. TUNON P.D.T.	7101 W. 24 Ave.	Hialeah, FL. 33011
S.T.	JUAN N. ECHIVERRIA S.T.	3178 N.W. 19 St.	Miami, FL. 33125

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-03/28/97--01130--012  
\*\*\*\*915.00 \*\*\*\*915.00

REINSTATEMENT

96-97

A. Alan

8. Name and Address of Current Registered Agent

JUAN G. TUNON  
7101 W. 24 Ave. U-61  
HIALEAH, FL. 33016

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

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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

JUAN N. ECHIVERRIA

3/12/97 (305) 642-4541  
Date Daytime Phone #

CR2E040 (12/96)