

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 535093

1. Corporation Name
PEOPLE'S INSURANCE AGENCY, INC.
285 NW 27th AVENUE SUITE 23
MIAMI, FLORIDA 33125

2. Principal Office Address
SAME AS ABOVE

3. Mailing Office Address
SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida: **05-02-1977**

5. FEI Number
59-1742913

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

80-00

7. Name and Address of Current Registered Agent

Name

RAUL A. GRANJA

300003416083-5

Street Address (P.O. Box Number is Not Acceptable)
643 SW 11th STREET #11

-10/06/00-01009-007
*****2695.00 ***2695.00**

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33129

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

[Signature]

Date **08-30-00**

ALDO ALVAREZ

REGISTERED AGENT MUST SIGN

LICENSE # 004940

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
VP	RAUL A. GRANJA	643 SW 11st STREET #1	MIAMI, FLORIDA.
P	FRANCISCO RUIZ	9421 SW 11th STREET	MIAMI, FLORIDA.

REINSTATEMENT 80-00018

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: X

[Signature]

7 PRESIDENT

08-30-00

305-643-0833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #