

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737218

1. Corporation Name

INDEPENDENT INSURANCE AGENTS OF DADE COUNTY, INC

Principal Place of Business

10773 N.W. 58TH STREET
PMB 173
MIAMI FL 33178

Mailing Address

10773 N.W. 58TH STREET
PMB 173
MIAMI FL 33178

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1976

5. FEI Number

59-0272100

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
PD	BAER, RICHARD	770 S. DIXIE HWY.	CORAL GABLES FL 33126
VP	BUTLER, RAYMOND	6161 BLUE LAGOON DRIVE, #420	MIAMI FL 33126
ST VP	BATTLE, PATRICK	7850 N.W. 146 ST., #200	MIAMI LAKES FL 33016
EVP	GUSTAFSON, SHEILA	10773 N.W. 58TH STREET	MIAMI FL 33178
D	DORSEY, THOMAS	2222 PONCE DE LEON BLVD., #400	CORAL GABLES FL 33134
ST	KEEBY, MICHAEL	3401 N.W. 82ND AVE., #300	MIAMI FL 33122

8. Name and Address of Current Registered Agent

GUSTAFSON, SHEILA M
10773 N.W. 58TH STREET
PMB 173
MIAMI FL 33178

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. or 617.0505, F.S.

Signature of
Registered Agent

Sheila Gustafson
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/6/02

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.

SIGNATURE:

Sheila Gustafson
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/6/02 305-591-9520

Daytime Phone #

CR2E040 (8/02)