

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**  **FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

AND  
 FILED  
 98 NOV 19 AM 10:36  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # F88390**

1. Corporation Name

**A & G INSURANCE, INC.**

Principal Place of Business

1870 W. 60 ST. (33012)  
 PO BOX 1675  
 HIALEAH FL 33011

Mailing Address

1870 W. 60 ST. (33012) **PO BOX**  
 PO BOX 1675  
 HIALEAH FL 33011 **CLOSED.**

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

2. New Principal Office Address, If Applicable

**1870 W. 60 ST**  
 Suite, Apt. #, etc.  
**#A**

City & State  
**HIALEAH FL**

Zip  
**33012** Country  
**USA**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

**07/21/1982**

5. FEI Number

**59-2207370**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	GONZALEZ, ANA	2591 SW 124TH AVE	MIAMI FL
S	GONZALEZ, ANA	2591 SW 12TH AVENUE	MIAMI FL

**300002699343-3**  
**-12/01/98-01079-005**  
**\*\*\*\*\*150.00 \*\*\*\*\*150.00**

**11/16/98**

8. Name and Address of Current Registered Agent

**GONZALEZ, ANA**  
**2591 S.W. 124TH AVE.**  
**MIAMI FL 33175**

9. Name and Address of New Registered Agent

Name

**SAME**

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

**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date **11/16/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/16/98** (305) 556-0066  
 Date Daytime Phone #

CR2E040 (8/98)



November 16, 1998

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**Reference: F 88390**

Dear Division of Corporations

We received your letter on Saturday November 14, 1998 about not filing for the 1998 annual Corporation. A & G never received the report in the mail. Furthermore we did not receive the second notice of compliance. I would be respectfully requesting you to waive the fees due to this circumstance. We also would have liked to comply with this report prior to our suspension date of October 16, 1998 but we received the application a month late. Again I would ask you to reconsider this oversight.

Thank you for your attention to this matter

Respectfully,

Ana A Gonzalez  
President