| APPLICATION FOR REINSTATEMENT | FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS | FILED
98 FEB -6 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA |

DOCUMENT # *A 60101*

1. Corporation Name

Insurance Business Consultants &
Associates, Corp.

Principal Place of Business   Mailing Address

1800 W. 49 ST., #222
Hialeah, Fl. 33012

REINSTATEMENT *95-98*

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	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number *59-2328931*	Applied For
City & State	City & State		Not Applicable
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 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D|P|S *VP|T*	*Luis Gonzalez*	*1800 W. 49 ST., #222* *Hialeah, Fl. 33012*	*2/6/98*
		400002426494---3 *-02/10/98--01036--011* ***1208.75 ***1208.75	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Luis Gonzalez *1800 W. 49th ST., #222* *Hialeah, Fl. 33012*	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 X _____   Date *2-5-98*
REGISTERED AGENT MUST SIGN

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: X _____   *2-5-98*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E040 (12/96)