

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL 28 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H72940

1. Corporation Name

WESTLAND SOUTH INSURANCE AGENCY, INC.

2. Principal Office Address

2608 NW 97TH. AVE.

3. Mailing Office Address

ANTON URBANO E.

Suite, Apt. #, etc.

2608 NW 97TH. AVE.

Suite, Apt. #, etc.

9545 S W 36TH. ST.

City & State

MIAMI, FLORIDA.

City & State

MIAMI, FLA.

Zip

33172

Country

USA

Zip

33165

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. - FEI Number

59-2579128

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PINO, RAUL F.

Street Address (P.O. Box Number is Not Acceptable)

2440 CORAL WAY

Suite, Apt. #, Etc.

City

MIAMI, FLORIDA.

State

FL

Zip Code

33145

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

REGISTERED AGENT MUST SIGN

Date

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
PSD	DON, GEORGE A.	2608 NW. 97th. Ave.	Miami, Fl. 33172
V	DON, DIANE E	2608 NW. 97th. Ave.	Miami, Fl. 33172
T	DON, FRANCISCO B.	2608 NW 97th. Ave.	Miami, Fl. 33172
			200058892982 08/23/05--01043--025 **150.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George A. Don.

Date

June 19/05

Daytime Phone #

CR2E081 (01/05)