

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J07844**

1. Corporation Name

**A AACHEN AAL AALBORG AALESUND AALII AALST AALTO
AAR AARAU HOUSE OF INSURANCE, INC.**

Principal Place of Business

**232-SE 5TH AVE.
DELRAY BEACH FL 33483**

Mailing Address

**232-SE 5TH AVE.
DELRAY BEACH FL 33483**

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

04/04/1986

5. FEI Number

59-2671155

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
VP ST	REDMOND, SARAH	232 SE 5TH AVE.	DELRAY BEACH FL 33483
P	MCCAULEY, MARGARET	232 SE 5TH AVE.	DELRAY BEACH FL 33483
VP	REDMOND, STEPHEN	232 S.E. 5TH AVE.	DELRAY BEACH, FLORIDA 33483
			800002380298--8 -12/23/97--01046--015 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

**REDMOND, SARAH
232 S.E. 5TH AVE.
DELRAY BEACH FL 33483**

9. Name and Address of New Registered Agent

Name

STEPHEN REDMOND

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

232 S.E. 5TH AVE.

Suite, Apt. #, Etc.

City

DELRAY BEACH,

State

FL

Zip Code

33483

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

REGISTERED AGENT MUST SIGN

Date **12/18/97**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/97 561-278-4445

Date

Daytime Phone #

CR2E040 (8/97)