

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB 12 PM 4:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K45963

1. Corporation Name

Sapoznik Insurance & Associates, Inc.

2. Principal Office Address

1100 NE 163st

3. Mailing Office Address

1100 NE 163st

Suite, Apt. #, etc.

2nd floor

Suite, Apt. #, etc.

2nd floor

City & State

N. Miami Beach FL.

City & State

N. Miami Beach Fl.

Zip

33162

Country

U.S.A.

Zip

33162

Country

U.S.A.

REINSTATEMENT 01-02

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0086146

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

Nestor B. Gorfinkel

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

20818 West Dixie Highway

Suite, Apt. #, Etc.

City

Aventura

State

FL

Zip Code

33180

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

1/29/2002

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
DP	Sapoznik, Rachel	1100 NE 163st 2nd floor	N. Miami Beach Florida, 33180
VP	Weberman, Gracy	1100 NE 163st 2nd floor	N. Miami Beach Florida, 33180

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

RACHEL A. SAPOZNIK

Date

2-1-02

Daytime Phone #

305-948-8887

CR2E081 (9/01)