

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K50069

1. Corporation Name

AVEN INSURANCE AGENCY, INC.

Principal Place of Business

9031 PEMBROKE RD.
PEMBROKE PINES FL 33025

Mailing Address

9031 PEMBROKE RD.
PEMBROKE PINES FL 33025

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

12/07/1988

5. FEI Number

65-0087010

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ACOSTA, MARTA	6190 HAWKES BLUFF AVENUE	DAVIE FL

400004649714--1
-10/23/01--01040--005
*****150.00 *****150.00

8. Name and Address of Current Registered Agent

ACOSTA, MARTA
9031 PEMBROKE RD
PEMBROKE PINES FL 33025

9. Name and Address of New Registered Agent

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

Marta Acosta
REGISTERED AGENT MUST SIGN

Date 10-10-01

11. 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:

Marta Acosta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-01

Date

Daytime Phone #

854-4366842

FILED

01 OCT 12 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2ED40 (8/01)

10/10/01

To: Florida Dept. of State

Re: Aron Ins. Agency, Inc.
#K 50069

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As per conversation with your office today
please find all that explains, I did send
in payment - I did not receive the renewal
form - Later on I received the renewal form
which appeared to have gone to another place.
I truly believe that everything had been taken care
Please advise.

Thanks,
Marta