

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **K87293**

1. Corporation Name

CONTINENTAL AGENCY OF FLORIDA, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
1580 N.W. BOCA RATON DRIVE
#7
BOCA RATON FL 33432
US

Mailing Address
1580 N.W. BOCA RATON DRIVE
#7
BOCA RATON FL 33432
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

99.00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 05/11/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 22-2984204	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. <input type="checkbox"/> \$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	4 City / State / Zip
PC	FINVER, LEON	1580 N.W. BOCA RATON DRIVE	BOCA RATON FL 33432
DP	FINVER, STEVEN FINVER, STEVEN	1580 N.W. BOCA RATON DRIVE	BOCA RATON FL 33432
DT	FINVER, LINDA	1580 N.W. BOCA RATON DRIVE	BOCA RATON FL 33432
			7000003361967--0 -08/18/00--01041--014 ***750.00 ***750.00
			7000003361967--0 -08/18/00--01041--015 ***150.00 ***150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MITTLEBERG, BARRY S 2417 UNIVERSITY DRIVE CORAL SPRINGS FL 33065	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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 *[Signature]* **REGISTERED AGENT MUST SIGN** Date 6/16/00

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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

KE
6/26/00 381-963 9690
Date Daytime Phone #

CR2E040 (8/99)