

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 22 PM 6:42

DOCUMENT # K87293

1. Corporation Name

CONTINENTAL AGENCY OF FLORIDA, INC.

Principal Place of Business

Mailing Address

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

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 01

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

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
C	FINVER, LEON	1580 N.W. BOCA RATON DRIVE	BOCA RATON FL 33432
P	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
			000004671390--5 -11/07/01--01077--006 ****750.00 ****750.00 JW/b

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  
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

*Barry S. Mittleberg*

Date 10/17/01

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN M FINVER 10/19/01 561-391-554

Date

Daytime Phone #

CR2ED40 (8/01)