

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

02 JUN -4 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 74755

1. Corporation Name

SOUTHLAND INS GROUP INC
2215 SOUTH FEDERAL HWY
FT. LAUDERDALE, FL 33316

2. Principal Office Address

2215 S. FEDERAL HWY

Suite, Apt. #, etc.

3. Mailing Office Address

2215 S. FEDERAL HWY

Suite, Apt. #, etc.

City & State

FT LAUDERDALE

City & State

FLORIDA

Zip

33316

Country

U.S.A.

Zip

33316

Country

USA

800005866048--3

-06/19/02--01072--003

***300.00 ***300.00

4. Date Incorporated or Qualified
To Do Business in Florida

5/22/90

5. FEI Number

65-0195284

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

ALEX CHEREW

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

22605 S.W. 66TH AVE

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33316

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

Alex Chew

Date 5/29/2002

REGISTERED AGENT MUST SIGN

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
P	ALEX CHEREW	22605 SW 66TH AVE	BOCA RATON, FL 33428

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:

Alex Chew

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/2002 (954) 522 7222

Date

Daytime Phone #

CR2E081 (9/01)

Attachment
Document #

SOUTHLAND INSURANCE GROUP, INC.

2215 S. Federal Hwy.
Ft. Lauderdale, FL 33316

L74755

Office: (954) 522-7222

Alex Cherew
President

May 29, 2002

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Fed ID# 65-0195284
Document # L74755

To Whom It May Concern:

Kindly be advised that I did not receive the Annual Report. Apparently, you did not receive my change of address last year when I moved my office to a new location. I am now realizing that since I did not get the form I totally forgot to make the annual payment.

Enclosed is a check in the amount of \$300.00 dollars to cover both last year and this current payment that was due May 1st. My new address as shown on my letterhead is the correct and present address. Kindly update your records and advise me as to my status.

Thank you in advance for your understanding.

Sincerely,



Alex Cherew