


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  98 DEC -2 AM 11:25  SECRETARY OF STATE TALLAHASSEE, FLORIDA			
<b>DOCUMENT #</b> <b>M08551</b> <b>1. Corporation Name</b> <b>A-1 INSURANCE CONSULTANTS, INC.</b>		<b>DO NOT WRITE IN THIS SPACE</b>					
<b>Principal Place of Business</b> 13677 S.W. 26 STREET MIAMI FL 33175						<b>Mailing Address</b> 13677 S.W. 26 STREET MIAMI FL 33175	
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>						<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 12/04/1984	
<b>2. New Principal Office Address, if Applicable</b>  Suite, Apt. #, etc.  City & State  Zip      Country						<b>3. New Mailing Office Address, if Applicable</b>  Suite, Apt. #, etc.  City & State  Zip      Country	
<b>5. FEI Number</b> 59-2479491		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>		<b>Applied For</b>  <b>Not Applicable</b>			
<b>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>							
1	2	3	4				
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip				
P	FERNANDEZ, GUSTAVO	5235 S.W. 89 CT. 8350 SW 56 ST	MIAMI FL 33155				
S	FERNANDEZ, HORTENSIA	5235 S.W. 89 CT.	MIAMI FL				
			9000002702219--4 -12/03/98--01090--012 ***1208.75 ***1208.75				
			<b>REINSTATEMENT 95-98</b>				
			TB. 12/2/98				
<b>8. Name and Address of Current Registered Agent</b>  FERNANDEZ, GUSTAVO 13677 S.W. 26 ST. MIAMI FL 33175			<b>9. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City      State      Zip Code FL				
<b>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.</b>  Signature of Registered Agent <u><b>REINSTATEMENT REQUIRED</b></u> Date <u>11-27-98</u> <div style="text-align: center;"><small>REGISTERED AGENT MUST SIGN</small></div>							
<b>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box</b> <input type="checkbox"/> (See other side for additional information.)							
<b>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)							
<b>13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b>							
<b>SIGNATURE:</b> <u>GUSTAVO FERNANDEZ</u> 11-27-98      305-223-2533 <div style="text-align: center;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div> <div style="text-align: right;"><small>Date      Daytime Phone #</small></div>							

CR2040 (8/95)