

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
**REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Martinez  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M17629**

1. Corporation Name

**AMERICAN BONDING & INSURANCE AGENCY, INC.**

Principal Place of Business

**2801 SOUTH BAYSHORE DR., #725  
COCONUT GROVE FL 33133**

Mailing Address

**2801 SOUTH BAYSHORE DR., #725  
COCONUT GROVE FL 33133**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/03/1985**

5. FEI Number

**59-2665966**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MASTRAPA, JOSE M.	2801 S. BAYSHORE DR.	COCONUT GROVE FL 33133
STD	RODRIGUEZ, LUIS A.	2801 S. BAYSHORE DR.	COCONUT GROVE FL 33133
VP	MORALES, STEVEN	2801 S BAY SHORE DR	COCONUT GROVE FL

8. Name and Address of Current Registered Agent

**DEFABIO, JOEL  
2121 PONCE DE LEON BLVD., #430  
CORAL GABLES FL 33134**

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

*Joel Defabio*

REGISTERED AGENT MUST SIGN

Date

**11-3-97**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on Intangible tax.)

12. 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

Date

Daytime Phone #

**305-  
11-1-97 860-1001**

FILED

97 NOV -6 PM 4: 23

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



CR2E040 (8/97)



American Bonding and Insurance Corp.



"BAIL-YES"®

Department of State  
Division of Corporations  
Tallahassee, FL. 32314

To whom it may concern:

I am sending my reinstatement for our Company with a check for \$165.00. I am sending it late, because for some reason, we did not receive the earlier letters. We know it is our responsibility to send payment anyway, but we apologize for sending it late. In the future we will be more timely. thank you for your attention to this matter.

Sincerely,

Steven Morales,  
V.P.