

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC -6 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **M176029**

1. Corporation Name

American Bonding & Insurance Agency, Inc.

2. Principal Office Address

2299 SW 27 Avenue

Suite, Apt. #, etc.

200

City & State

MIAMI, FLORIDA

Zip

33145

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

7/3/85

5. FEI Number

65-0595313

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

7. Name and Address of Current Registered Agent

Name

JOEL DEFABIO

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

2121 Ponce DeLeon Blvd.

Suite, Apt. #, Etc.

430

City

Coral Gables

State

FL

Zip Code

33134

400003510834 - 9

12/21/88 01086 013

\*\*\*\*750.00 \*\*\*\*750.00

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

*Joel Defabio*  
REGISTERED AGENT MUST SIGN

Date 11-30-00

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
PRES.	JOE MASTRAPA	2299 SW 27 Ave. No. 200	Miami, Fl. 33145
V.P.	LUIS RODRIGUEZ	2299 SW 27 Ave. No. 200	Miami, Fl. 33145
SEC.	JOE MASTRAPA	2299 SW 27 Ave. No. 200	Miami, Fl. 33145
			KE

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:

*Joe Mastrapa*

Joe Mastrapa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-30-00

Date

305-860-1001

Daytime Phone #