

OCT-04-1999 17:15

EMPIRE CORP

305 541 3770 P.02/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M45581

1. Corporation Name

D & D INTERNATIONAL INSURANCE, INC.

Principal Place of Business

Mailing Address

10008 WEST FLAGLER STREET
STE. 289
CORAL GABLES, FL 33174

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

REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/1987

5. FEI Number

59-2768167

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PTD	DIAZ, JOSE LUIS	10211 S.W 6TH STREET	MIAMI, FL 33174
			000003038770-8
			-11/08/99-01127-010
			****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIAZ, JOSE LUIS
10211 S.W 6TH STREET
MIAMI, FL 33174

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

Date 10/14/99.

REGISTERED AGENT MUST SIGN

11. This corporation owes 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 taxes 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

JOSE L. DIAZ

10/14/99

Date

(305) 992-5041

Name of Officer or Director

TOTAL P.02