

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Ps 1 of 2

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 28 PM 4:00

DOCUMENT # N16988

1. Corporation Name

SOUTH FLORIDA CLAIMS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O RONALD P. PONZOLI
3250 MARY ST., SUITE 302
MIAMI FL 33133

C/O RONALD P. PONZOLI
3250 MARY ST., SUITE 302
MIAMI FL 33133



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

~~3250 MARY STREET~~

3. New Mailing Office Address, If Applicable

~~3250 MARY STREET~~

Suite, Apt. #, etc.
405

Suite, Apt. #, etc.
405

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/1986

5. FEI Number

59-2646500

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City, State & Zip 4
D	OLYPIO, RICHARD G	9260 W. FLAGLER ST., RM. 6510	MIAMI FL 33174
TD	BERGQUIST, MARY	6512 HOLLYWOOD BLVD	HOLLYWOOD FL
PD	JOHN A. RumpLatsch, Jr	P.O. Box 530007	Fort Lauderdale, FL 33355
VPD	FARLS, JOSEPH	7603 SW 105 AVE	MIAMI FL 33173
D	FARRELL, DANIEL	6175 N.W. 153 ST., #401	MIAMI LAKES FL
S	SUSAN VAMEA	8500 NW 79 AVE	MIAMI FL 33166

8. Name and Address of Current Registered Agent

PONZOLI, RONALD P.
3250 MARY ST.
SUITE 302
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-12-01

11. 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.

AD

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/12/01 954-345-1180

CP20040 (8/01)

2001 UNIFORM BUSINESS REPORT (UBR)

pg 2

DOCUMENT # N16988

1. Entity Name

SOUTH FLORIDA CLAIMS ASSOCIATION, INC.

Principal Place of Business

C/O RONALD P. PONZOLI
3250 MARY ST., SUITE 302
MIAMI FL 33133

Mailing Address

C/O RONALD P. PONZOLI
3250 MARY ST., SUITE 302
MIAMI FL 33133

2. Principal Place of Business
3250 MARY STREET

Suite, Apt. #, etc.
405

City & State
MIAMI, FL

Zip
33133

Country
USA

3. Mailing Address
3250 MARY STREET

Suite, Apt. #, etc.
405

City & State
MIAMI, FL

Zip
33133

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2646500

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PONZOLI, RONALD P.
3250 MARY ST.
SUITE 302
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLYMPIO, RICHARD G 9260 W. FLAGLER ST., RM. 6510 MIAMI FL 33174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGQUIST, MARY 6512 HOLLYWOOD BLVD HOLLYWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VARELA, SUSAN 8900 NW 79 AVE MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARLS, JOSEPH 7603 SW 105 AVE MIAMI FL 33173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRELL, DANIEL 6175 N.W. 153 ST., #401 MIAMI LAKES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN A. RUMPLASCH, JR. 1025 BAYSIDE LANE WESTON FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOB DAVIS 6175 NW 153 ST. #401 MIAMI LAKES FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]

11/12/01 954-349-1180

CR2E037 (5/01)