

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 13 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000031016

1. Corporation Name

RESPONSIVE INSURANCE AGENCY, INC.

2. Principal Office Address

17845 NW 27TH AVE

Suite, Apt. #, etc.

SUITE B

City & State

MIAMI, FL

Zip

33056

Country

USA

3. Mailing Office Address

17845 NW 27TH AVE

Suite, Apt. #, etc.

SUITE B

City & State

MIAMI, FL

Zip

33056

Country

USA

REINSTATEMENT 02-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
65-0995192

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PAUL JOHNSON

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

17845 NW 27TH AVE

Suite, Apt. #, Etc.

SUITE B

City

MIAMI

State

FL

Zip Code

33056

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

REGISTERED AGENT MUST SIGN

Date 07-09-04

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
P	PAUL JOHNSON	17845 NW 27TH AVE, STE B	MIAMI, FL 33056
S	LORI-ANN LEE-TAYLOR	17845 NW 27TH AVE, STE B	MIAMI, FL 33056

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)(l), 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 #

Paul Johnson 07-09-04 621-9111

CR2081 (07/04)

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RESPONSIVE INSURANCE AGENCY, INC.
17845 NW 27TH AVE, SUITE B
MIAMI, FL 33056
Tel. (305) 621-9111
Fax (305) 621-9181

July 9, 2004

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION

RE: RESPONSIVE INSURANCE AGENCY, INC.
DOCUMENT #: P00000031016

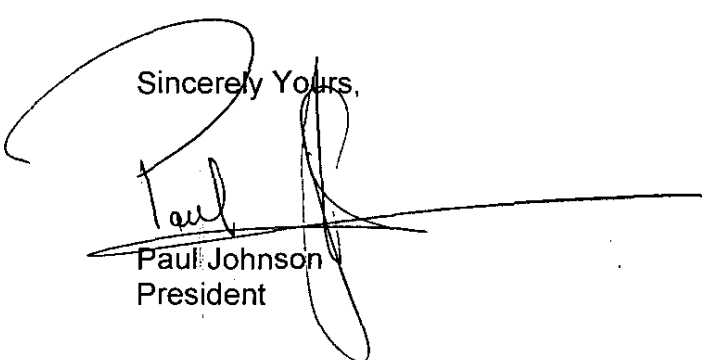
To whom it may concern:

Since the incorporation of the company we have moved twice. Do to this reason; we never received any notice of the 2002, 2003, and 2004 Uniform Business Report. Please waive any penalties towards the company, because we were unaware of these charges.

Attached you will find the 2004 Uniform Business Report and a check for \$458.75 to pay for the ANNUAL REPORT of 2002, 2003, and 2004.

Any questions or concerns feel free to contact us.

Sincerely Yours,



Paul Johnson
President