

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV 27 PM 1:42

DOCUMENT # P00000048250

1. Corporation Name

MIRAMAR INSURANCE  
4474 WESTON ROAD SUITE 173  
DAVIE, FL 33331

2. Principal Office Address

12555 ORANGE DRIVE

3. Mailing Office Address

318 INDIAN TRACE

Suite, Apt. #, etc.

SUITE 255

Suite, Apt. #, etc.

#451

City & State

DAVIE, FL

City & State

WESTON, FL

Zip

33330

Country

Zip

33326

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5/16/2000

5. FEI Number

65-1009448

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

SPIEGEL & UTRERA, P.A.

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

343 ALMERIA AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

Date

11/21/01

REGISTERED AGENT MUST SIGN

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	JAIME GAMBOA	318 INDIAN TRACE #451	WESTON, FL 33326

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 #

11/21/01 954-3853621

CR02081 (8/00)

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

RE: UNIFORM BUSINESS REPORT

Dear Sirs:

This letter is to request a waive for penalty fee. The company changed its mailing address and did not receive the application on time.

Thank you

  
Jaime Gamboa