

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

CORPORATION

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR 30 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA600018668666  
05/09/03--01020--024 \*\*450.00600018668666  
05/09/03--01020--023 \*\*8.75

DOCUMENT #

P00000067434

Corporation Name

BOSNANCE INSURANCE GROUP, Inc

Principal Office Address

6791 SW 8 St.

Mailing Office Address

6791 SW 8 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

miami, FL 33144

City &amp; State

miami, FL 33144

Zip

33144 Dade

Zip

33144 Dade

Country

Dade

4. Date Incorporated or Qualified  
To Do Business In Florida

5. FEI Number

☒

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

Saenz, Roberto, Sax &amp; Co., PA

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

8180 N.W. 36 St.

Suite, Apt. #, Etc.

Suite 100

City

miami, FL 33166

State

FL

Zip Code

33166

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

4.30.3

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
Pres.	George Garcia	18217 N.W. 61 Place	miami, FL 33015

01-03 UBR

TS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Garcia  
Pres.

Date

4.30.3

Daytime Phone #

(305) 266-8949

**SUN TROPIC INSURANCE**  
**6791 SW 8 STREET**  
**MIAMI, FLORIDA 33144**  
**(305)266-8949 PHONE**  
**(305)266-0812 FAX**

*Page 2 of 2*

**Mr. Tyron Scott**  
**State of Florida Division of Corporations**  
**409 East Gaines Street**  
**Tallahassee, Florida 32399**

**April 24, 2003**  
**U.S. Overnight Mail**

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**RE: Sun Tropic Insurance Service, Inc. now known as**  
**Bosnan Insurance Group, Inc.**

**Dear Mr. Scott:**

**Following the State of Florida's procedures. Attached is a check for \$450.00, a check \$8.75 applicable to the reinstatement fee and payment for the Certification of Status of the Corporation (including the name change).**

**Mr. Scott please help me a have a current contract under a huge emergency, a letter of this emergency is attached.**

**Again , please help me. Thank you, Sir. Call upon me for any futher instructions I need to follow to adhere to the law.**

**Very truly yours,**

  
**George Garcia**  
**President of Bosnan Insurance Group, Inc.**

**attachments**

*( 305-266-8949 - Diane )*