

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000069722**

1. Corporation Name

RELIABLE INSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

2481 NE 200TH ST
N MIAMI FL 33180

2481 NE 200TH ST
N MIAMI FL 33180

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1025838

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	KATZMAN, HOWARD L Katzman	2481 NE 200TH STREET	N MIAMI FL 33180

500024012765
10/22/03-01038-025 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KATZMAN, HOWARD L
2481 NE 200TH STREET
MIAMI FL 33180

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. or 617.0505, F.S.

Signature of
Registered Agent

Date

10/20/03

REGISTERED AGENT MUST SIGN

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.

SIGNATURE:

Howard L. Katzman

10/20/03

305-933-1116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E040 (7/03)



2481 NE 200th Street
North Miami Beach, Florida 33180

PHONE: 305-933-1116 FAX: 305-933-1154

E-mail: reliableinsure@aol.com

October 20, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Gentlemen:

Please be advised that prior UBR notices for 2003 were never received from the division of corporations or the old registered agent. Please reinstate the corporation as it was never our intention to dissolve.

Your immediate attention is appreciated.

Very Truly Yours,

A handwritten signature in black ink, appearing to read "Howard L. Katzman", is written over the typed name.

Howard L. Katzman
President