

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV -1 AM 10:48

DOCUMENT # P00000078875

1. Corporation Name

SOUTH BAY INSURANCE, INC.

Principal Place of Business

321 US HWY 41 NORTH
RUSKIN FL 33570

Mailing Address

321 US HWY 41 NORTH
RUSKIN FL 33570

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/18/2000

5. FEI Number

59-3664064

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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|-----------------------|
| D | CHAVEZ, ADRIANA | 534 RED MANGROVE LANE | APOLLO BEACH FL 33572 |
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8. Name and Address of Current Registered Agent

CHAVEZ, ADRIANA
545 RED MANGROVE LN
APOLLO BEACH FL 33572

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Adriana Chavez
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/30/01

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.

SIGNATURE:

Adriana Chavez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/01 813-649-1620

CR2E040 (8/01)

October 29, 2001

FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P O BOX 6327
TALLAHASSEE, FL 32314-6327

We filed our report with the annual fee of \$150. on March 15, 2001 however we failed to list our FEI number.

We did not receive the original form back, nor the next notice as we would have sent it back with the FEI number at once.

When we filed for the Corporation back in August 2000, we had not yet received our FEI number.

We are enclosing the signed form with the FEI number included.

Sincerely,

Adriana Chavez
President

Enclosure

A handwritten signature in cursive script, appearing to read "Adriana Chavez", is written over the word "Enclosure".