

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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 <input type="checkbox"/> \$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) 1	Name of Officers and/or Directors 2 CHAVEZ, ADRIANA	Street Address of Each Officer and/or Director 3 534 RED MANGROVE LANE	City / State / Zip 4 APOLLO BEACH FL 33572
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	
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 <i>Adriana Chavez</i>		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: <i>Adriana Chavez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		10/30/01 812-649-1622 Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CP2E4D (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

