

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

DOCUMENT # P0000008261D

01 SEP 28 PM 2:27

1. Corporation Name

Coral Gables Insurance, Inc.

2. Principal Office Address

3916 S.W. 8 Street

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

33134

Country

U.S.A.

3. Mailing Office Address

3916 S.W. 8 Street

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

33134

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

8/31/2000

5. FEI Number

65-1035883

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

Ramon Perez-Cernuda

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

3916 S.W. 8 Street

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

REGISTERED AGENT MUST SIGN

Date 9/26/01

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
PD	Ramon Perez-Cernuda	10235 N.W. 46 St.	Miami / FL / 33178
V	Ramon Perez-Cernuda	8881b Fountainbleau Blvd.	Miami / FL / 33172

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

Date

Daytime Phone #

CR25081 (9/00)

Coral Gables Insurance

3916 Southwest 8 Street Coral Gables, Florida 33134

September 26, 2001

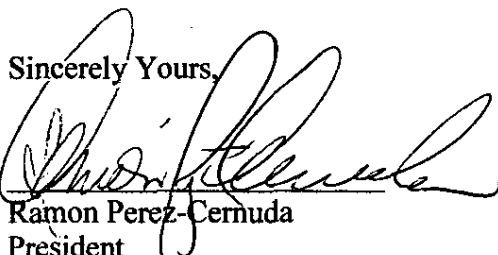
Department of State
Division of corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Annual Report Fee / Corporate Supplemental Fee

To whom it may concern:

I never received the annual report application or the corporate supplement. I called the Department of Corporation and was told that it was returned. Therefore, I will send a check in the amount of \$158.75 in order to resolve this matter and also receive a Certificate of Status. If you have any questions, contact me. Please handle this matter expeditiously. Thank you in advance for your cooperation.

Sincerely Yours,



Ramon Perez-Cernuda
President