

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000082610

1. Corporation Name

CORAL GABLES INSURANCE, INC.

Principal Place of Business

Mailing Address

3916 SOUTHWEST 8TH STREET
MIAMI FL 33134

3916 SOUTHWEST 8TH STREET
MIAMI FL 33134

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

2. New Principal Office Address, If Applicable

~~3916 Southwest 8th~~

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/2000

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. 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
1	2	3	4
V	PEREZ-CERNUDA, RAMON SR.	3916 SOUTHWEST 8TH STREET	MIAMI FL 33134
6	SERVANTES, ANTONIO	3916 SOUTHWEST 8TH STREET	MIAMI FL 33134

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Ramon Perez-Cernuda

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

3916 S.W. 8th St.

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-31-2002

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ramon Perez-Cernuda 10-31-02/305-443888

Date

Daytime Phone #

CR12E040 (8/01)

Coral Gables Insurance

3916 Southwest 8 Street Coral Gables, Fl. 33134

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November 21, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Dissolved Corporation

To whom it may concern:

Please be so kind to reinstate the corporation, Coral Gables Insurance, Inc.. No notice was received at the office and therefore the corporation was inactivated by the state. I also would appreciate it if you would waive any penalties or fees that could apply. Thank you in advance for your expeditious manner in handling this. If I may be of further service, contact me.

Sincerely,



Ramon Perez-Cernuda
Officer