

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000082610

**FILED**  
**Dec 16, 2008**  
**Secretary of State**

**Entity Name:** CORAL GABLES INSURANCE, INC.

**Current Principal Place of Business:**

9506 RED ROAD  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

9506 RED ROAD  
MIAMI, FL 33156

**New Mailing Address:**

**FEI Number:** 65-1035883

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEREZ-CERNUDA, RAMON  
9506 RED ROAD  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** RAMON PEREZ CERNUDA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: PEREZ-CERNUDA, DAISY  
Address: 269 GIRALDA AVE 101  
City-St-Zip: CORAL GABLES, FL 33134

Title: P ( ) Delete  
Name: PEREZ-CERNUDA, RAMON E  
Address: 269 GIRALDA AVE 101  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** RAMON PERE CERNUDA

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12/16/2008

Electronic Signature of Signing Officer or Director

Date