

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000082610

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

269 GIRALDA AVENUE 101-A  
101-A  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

1805 PONCE DE LEON BLVD  
210  
CORAL GABLES, FL 33134

**Current Mailing Address:**

269 GIRALDA AVENUE  
101-A  
CORAL GABLES, FL 33134

**New Mailing Address:**

1805 PONCE DE LEON BLVD  
210  
CORAL GABLES, FL 33134

**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  
269 GIRALDA AVENUE  
101-A  
CORAL GABLES, FL 33134 US

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

PEREZ-CERNUDA, RAMON  
1805 PONCE DE LEON BLVD  
210  
CORAL GABLES, FL 33134 US

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

02/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: V  
Name: PEREZ-CERNUDA, DAISY  
Address: 1805 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

Title: P  
Name: PEREZ-CERNUDA, RAMON E  
Address: 1805 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: RAMON PEREZ-CERNUDA

PRES

02/25/2011

Electronic Signature of Signing Officer or Director

Date