

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB 22 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000101194

1. Corporation Name

SANTOS INSURANCE AGENCY, INC
1301 E. ATLANTIC BLVD SUITE 1
POMPAHO BEACH, FL 33060

2. Principal Office Address

SAME AS ABOVE

Suite, Apt. #, etc.

1301 E ATLANTIC BLVD #1

City & State

POMPAHO BEACH FL

Zip

33060

Country

USA

3. Mailing Office Address

PO BOX 666867

Suite, Apt. #, etc.

POMPAHO BEACH, FL

City & State

POMPAHO BEACH, FL

Zip

33066

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

10.26.2000

5. FEI Number

05-1049341

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

FRANCISCO C. DOSSANTOS

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

3848 LYONS RD #108

Suite, Apt. #, Etc.

COCONUT CREEK FL

City

COCONUT CREEK

700005001557

-03/11/02-01076-027

****300.00 ****300.00

LS

State

FL

Zip Code

33074

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 02.2002

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
President P	FRANCISCO C. DOSSANTOS	3848 LYONS RD #108	COCONUT CREEK FL 33074

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)(f), 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 #

02.2002 954-7884543

CR2E081 (9/01)