

PLEASE READ ALL INSTRUCTIONS BEFORE COMF

APPROVED
AND
FILED

05 MAY 13 PM 5:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000107773

1. Corporation Name

E & O Discount Insurance

REINSTATEMENT 01-05

2. Principal Office Address

4044 S.W. 94 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33165

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11 / 2000

5. FEI Number

☒ 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

ELIAS OHAN

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

4400 S.W. 102 AVE.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

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

Elias Ohan

REGISTERED AGENT MUST SIGN

Date 5 / 10 / 2005

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
P	ELIAS OHAN	4400 S.W. 102 AVE.	Miami FL 33165

300055583303
06/01/05--01056--008 **750.00

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:

Elias Ohan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5 / 10 / 2005 (305) 772-8810

Daytime Phone #

CR2E081 (01/05)

282

May 10, 2005

To: The Dept. of State

Ref: Do. # P 00000107773

Please accept this letter to acknowledge that Mr. Elias Ohan never received the annual renewal for the year of 2001 up to 2005 so please I highly appreciate if you waive the reinstatement fee of \$ 600.00. Enclosed you will find the Corporation Reinstatement form and my check for \$ 750.00.

Thank You,


Mr. Elias Ohan