

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV 13 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P00000110261

1. Corporation Name

ALL FLORIDA INSURANCE AGENCY, INC.

2. Principal Office Address

6752 PINES BLVD

3. Mailing Office Address

3442 SE LAKE WEIR ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

OCALA, FL.

Zip

33024

Country

USA

Zip

34471

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-1067420

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

RICHARD A SPAHN

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

3442 SE LAKE WEIR ROAD

Suite, Apt. #, Etc.

City

OCALA

State
FL

Zip Code

34471

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

[Signature]

Date

11/09/01

REGISTERED AGENT MUST SIGN

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
PSTD	CLAIRE MORGAN	7800 NW 15th ST	PEMBROKE PINES, FL 33024

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:

[Signature]

Claire Morgan 11/9/01 (954) 322-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AUTOS TRUCKS SUV'S BOATS
RESIDENTIAL & BUSINESS
COMMERCIAL PACKAGES
AVAILABLE



2082

LIFE HEALTH
DENTAL
DISABILITY

ALL FLORIDA INSURANCE AGENCY, INC.
P.O. Box 840307
Pembroke Pines, Florida 33084

E-Mail: AllFla@gateway.net
www.AllFlorida.com

Phone: 352-732-2104
Fax: 352-671-5373

NOVEMBER 09, 2001

FLORIDA DEPARTMENT OF STATE

DEAR MADAM/SIR:

RE: ALL FLORIDA INSURANCE AGENCY, INC
P00000110261

THE CORPORATION HAS BEEN FORMED IN NOVEMBER, 2000.
THIS IS OUR FIRST YEAR THAT WE WERE DUE AN ANNUAL REPORT THRU THE MAIL.

PLEASE BE ADVISED THAT ON THIS DATE I WAS
BROWSING ON THE DEPARTMENT OF STATE CORPORATION NAMES AND CAME
ACROSS MY CORPORATE NAME AND FOUND THAT IT HAD BEEN DISSOLVED
BY AN ADMINISTRATION ACT.

I QUESTIONED MY EMPLOYEES AND NO ONE IN MY OFFICE
RECEIVED THE ORIGINAL ANNUAL REPORT WHICH WAS TO HAVE BEEN MAILED
BY YOUR OFFICE IN DECEMBER OR JANUARY.

SECONDLY, THERE IS A NOTICE MAILED BY YOUR OFFICE
WHEREBY YOU HAVE NOTIFIED THE CORPORATION THAT THE ANNUAL REPORT
WAS NOT RECEIVED BY MAY 1st, WE DID NOT RECEIVE THIS NOTICE.

THIRDLY, THERE WAS A NOTICE FROM YOUR OFFICE USUALLY
NOTIFYING THE CORPORATION THAT IT HAS BEEN DISSOLVED, WE DID NOT
RECEIVE A DISSOLUTION NOTICE.

I AM ENCLOSING MY CHECK IN THE AMOUNT OF \$150. &
AM RESPECTFULLY REQUESTING THAT YOU ACCEPT THIS CHECK AS A TIMELY
PAYMENT AND CORRECT MY CORPORATE RECORD IN YOUR OFFICE AS A CURRENT
AND ACTIVE CORPORATION FOR THE YEAR OF 2001, FOR THE REASONS AS ABOVE.

IF ANY ADDITIONAL INFORMATION IS NEEDED, PLEASE
CONTACT THE UNDERSIGNED.

SINCERELY,