

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JUL -3 11:7:21

DOCUMENT # P01000000310

1. Corporation Name

ABA ALL INSURANCE, INC.

2. Principal Office Address

3819 N. Andrews Ave.

Suite, Apt. #, etc.

City & State

Oakland Park, FL

Zip 33309

Country USA

3. Mailing Office Address

3819 N. Andrews Ave.

Suite, Apt. #, etc.

City & State

Oakland Park, FL

Zip 33309

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/2000

5. FEI Number

65-1084843

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

VICTOR G. RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)
3819 N. Andrews Ave.

Suite, Apt. #, Etc.

City

Oakland Park

State

FL

Zip Code

33309

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

X

REGISTERED AGENT MUST SIGN

Date

05/08/06

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
PD	Victor G. Rodriguez	3819 N. Andrews Ave.	Oakland Park, FL 33309
VPD	Norma Rodriguez Villacis	3819 N. Andrews Ave.	Oakland Park, FL 33309
TSD	Dessiree Crespo Villacis	3819 N. Andrews Ave.	Oakland Park, FL 33309

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 contained in Chapter 119, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/08/06

Date

954-567-0501

Daytime Phone #

B. Mitchell JUN 6 2006