

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 19 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000014857

1. Corporation Name

ENCOMPASS INSURANCE, INC.

Principal Place of Business

7900 NW 27TH AVE #159-B  
MIAMI FL 33147

Mailing Address

7900 NW 27TH AVE #159-B  
MIAMI FL 33147

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

02/07/2001

5. FEI Number

65-1075705

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PAYNE, DONNA	7900 NW 27TH AVE #159-B	MIAMI FL 33147

400025630504  
12/19/03--01040--001 \*\*150.00

8. Name and Address of Current Registered Agent

PAYNE, DONNA  
7900 NW 27TH AVE #159-B  
MIAMI FL 33147

9. Name and Address of New Registered Agent

Name

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

7900 NW 27TH AVE #159

Suite, Apt. #, Etc.

159

City

Miami

State

FL

Zip Code

33147

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

12/16/03

11. 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/16/03

Daytime Phone #

(305) 505-4177

CR2040 (7/03)

## ENCOMPASS INSURANCE

7900 NW 27TH AVENUE

SUITE 169

Miami, FL 33147

(305) 691- 2667

December 16, 2003

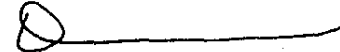
Stanley Louis

12133 SW 107th Court

Miami, FL 33176

I, DONNA PAYNE AS AN OFFICER OF ENCOMPASS INSURANCE DID NOT RECEIVE THE FIRST NOTICE AND HAVE ONLY RECEIVE THIS LAST NOTICE DUE TO AN INCORRECT ADDRESS, WHICH IS NOW CHANGED ON THIS FORM. PLEASE ACCEPT MY REINSTATEMENT.

THANK YOU



DONNA PAYNE

RESIDENT AGENT/OWNER