

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP -6 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000070752

1. Corporation Name

Key Biscayne Insurance Group, Inc

2. Principal Office Address

11800 NE 7th AVE

Suite, Apt. #, etc.

3. Mailing Office Address

11800 NE 7th AVE

Suite, Apt. #, etc.

City & State

BISCAYNE PARK, FL

City & State

BISCAYNE PARK, FL

Zip

33161

Country

DADE

Zip

33161

Country

DADE

REINSTATEMENT 02-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

7/18/2001

5. FEI Number

65-1127292

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

SAUL E. TARGAN

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

11800 NE 7th AVE

Suite, Apt. #, Etc.

City

BISCAYNE PARK

State

FL

Zip Code

33161

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

Saul E. Targan

Date 08/22/06

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
PRES	SAUL E. TARGAN	11800 NE 7th AVE BISCAYNE PARK, FL 33161	BISCAYNE PARK, FL 33161
			000080039230 09/21/06--01052--023 **1350.00

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 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:

Saul E Targan

SAUL E TARGAN PRES

8/22/06

(786) 258-2474 cell

(305) 892-0141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Please be advised,

the purpose of Dissolving
Document# P060000104112

So AS I CAN Re-instate

Document P01000070752

Respectfully

Saul E. Targan
SAUL E. TARGAN

After speaking with Saul, he stated that
he has no intention of revoking the
voluntary dissolution for doc. # P060000104112
therefore releasing the name to reinstate
his older corporation # P01000070752

S. E. Targan