

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000113169

1. Corporation Name

SALV PERSAUD'S INSURANCE AGENCY, INC.

Principal Place of Business

2500 E HALLANDALE BEACH BLVD. SUITE V
HALLANDALE BEACH FL 33009

Mailing Address

2500 E HALLANDALE BEACH BLVD. SUITE V
HALLANDALE BEACH FL 33009

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/2001

5. FEI Number

651156058

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
D	PERSAUD, SANDRA A	3301 NW 47TH TERR #304	LAUDERDALE LAKES FL 33319
D	DESPAGNE, HANS	3702 SW 52ND AVE #103	PEMBROKE PARK FL 33023

000008794600
11/05/02--01012--005 **158.75

8. Name and Address of Current Registered Agent

PERSAUD, SANDRA A
2500 E HALLANDALE BEACH BLVD, SUITE V
HALLANDALE BEACH FL 33009

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/30/02

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 REQUIRED
SANDRA A. PERSAUD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/02 954 415
5953

CR2040 (8/02)

SALV PERSAUD'S INSURANCE AGENCY INC.
2500 E HALLANDALE BCH BLVD, HALLANDALE BCH. FL 33009
TEL: (954)457-9353 FAX (954)456-8434

October 30, 2002

Division of Corporation
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, Fl 32314

To Whom It May Concern:

Re: Reinstatement of Corporation – SALV Persaud's Ins Agcy Inc. P01000113169

We would hereby like to have the above corporation reinstated to an active status. Unfortunately, we did not receive the first or the second notice and since this is a new corporation that commenced business effective January 2, 2002, we were unaware of the process.

Please reinstate and send a Certificate of Status.

Thank you for your kind and prompt attention.

Yours sincerely



Sandra A. Persaud
President/Director