

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 13 AM 9:09

DOCUMENT # **P02000009713**

1. Corporation Name

ARMANDO J. FUENTES INSURANCE AGENCY, INC.

Principal Place of Business

3302 NE 33RD ST.
FT. LAUDERDALE FL 33308

Mailing Address

3302 NE 33RD ST.
FT. LAUDERDALE FL 33308



REINSTATEMENT **03**

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

2. New Principal Office Address, If Applicable

3348 NE 34 STREET

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3348 NE 34 STREET

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/2002

5. FEI Number

02-0538747

☒ Applied For

☐ Not Applicable

City & State

Fort Lauderdale, FL

City & State

FT. LAUDERDALE, FL

Zip

33308

Country

BROWARD

Zip

33308

Country

BROWARD

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

FUENTES, ARMANDO J

3302 NE 33RD ST.

FT. LAUDERDALE FL 33308

900023752459

10/13/03--01074--016 **158.75

8. Name and Address of Current Registered Agent

FUENTES, ARMANDO J

3302 NE 33RD ST.

FT. LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name

Armando J. Fuentes

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

3348 NE. 34 STREET

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33308

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

10/8/03

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]
Armando J. Fuentes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/03

Daytime Phone #

(952)

563-6164

CR2E040 (7/03)

2/2

A Fuentes Agency, Inc.
Exclusive Agent
3348 N.E. 34th Street
Fort Lauderdale, FL 33308
Bus: (954) 563-6164
Fax: (954) 563-5152



October 13, 2003

Attn: Andy Dunlap
Manager
Division Of Corporations
Florida Department Of State
Fax: 850-245-6017


Re: Document # P02000009713 Armando J. Fuentes Insurance Agency Inc

Dear Mr. Dunlap:

On Wednesday October 8th I spoke to Justin from customer service, and his advice was for me to send the amount of \$ 158.75 including the certificate of status fee. We moved to a new location April 2002, and some mail was never received. I am very concerned about this matter given the fact that I am a very cautious and responsible individual. I am asking to please reconsidered and reinstate my corporation, I do not recall having received such a document. This was an honest mistake.

Thank you for answering all my questions Friday October 10th. I am faxing you a copy of the form and check paid and sent October 9th.

Sincerely,


Armando J. Fuentes