

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN -1 AM 10: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000083316

1. Corporation Name

AMERICA'S INSURANCE AGENCY OF TAMPA, INC.

2. Principal Office Address

8206 W WATERS AVE

Suite, Apt. #, etc.

112

City & State

TAMPA FL

Zip

33615

Country

HILLSBOROUGH

3. Mailing Office Address

8206 W WATERS AVE

Suite, Apt. #, etc.

112

City & State

TAMPA FL

Zip

33615

Country

HILLSBOROUGH

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

11/1/2002

5. FEI Number

90-0052314

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

LEO RICHARD

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

10353 LIGHTNER BRIDGE DR

Suite, Apt. #, Etc.

600055546096

06/01/05-01006-012 ***490.00

City

TAMPA

State

FL

Zip Code

33626

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

Leo Richard
REGISTERED AGENT MUST SIGN

Date

5/24/05

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 |
|--------|--------------------------------------|---|--------------------|
| P | LEO RICHARD | 10353 LIGHTNER BRIDGE DR | TAMPA FL 33626 |
| V | MARY ANN YAKSIA | 10353 LIGHTNER BRIDGE DR | TAMPA FL 33626 |
| | | | |
| | | | |
| | | | |

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 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:

Leo Richard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/24/05

Daytime Phone #

CR2E081 (01/05)

***America's Insurance Agency Of Tampa, Inc
8206 West Waters Avenue
Tampa, Florida 33615***

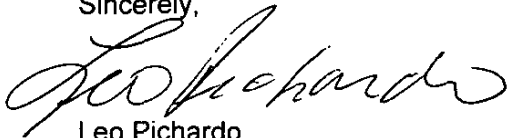
Department of State Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

**Re: Corporation Reinstatement
Document #: P02000083316**

To Whom It May Concern:

Enclosed is my application and a check in the amount of \$450.00 for the re-instatement of my corporation. I meet with my accountant earlier this month and I was advised of an annual report which I was unable to provide. In addition to this I was advised a penalty of \$600.00 is due. As a new business owner I am aware of the many challenges with rules, regulations and penalties however, these reports were never received. Please reconsider/waive this charge as a first time courtesy.

Sincerely,

A handwritten signature in black ink, appearing to read "Leo Pichardo", written in a cursive style.

Leo Pichardo
President