

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 11 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000091771*

1. Corporation Name

A G Insurance Solutions Corp

000051208860
04/19/05--01044--026 **450.00

2. Principal Office Address

9825 SW 55 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33165

Country

DADE

3. Mailing Office Address

9825 SW 55 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33165

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

11-3649132

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

ANNA G GONGORA

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

9825 SW 55 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

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	ANNA G GONGORA	9825 SW 55 ST MIAMI FL 33165	MIAMI FL 33165
O	FRANCISCO GONGORA	9825 SW 55 ST	MIAMI FL 33165

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05 (305) 968-8700

Date

Daytime Phone #

CR2E081 (01/05)

March 30, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: P02000091771

Attn: Renewal Dept:

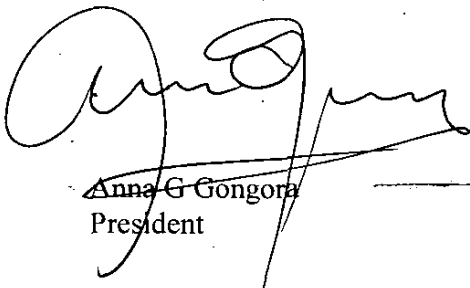
Gentlemen:

In reference to the above mentioned corporation, please be advised that we never received the renewal notice.

We contacted your renewal department and they advised us to write a letter and specify what happened and to submit the original annual fee and you would renew the corporation.

Your cooperation in this matter is anticipated and appreciated.

Thank you,
A G Insurance Salutions Corp



Anna G Gongora
President