

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 24 AM 8:12

STATE
FLORIDA

DOCUMENT # P02000126056

1. Corporation Name

ED MAINA INSURANCE INC.

2. Principal Office Address

2811 Frederick Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

2811 Frederick Blvd.

Suite, Apt. #, etc.

City & State

DeLray Beach, FL

City & State

DeLray Beach, FL

Zip

33483

Country

USA

Zip

33483

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-18-2002

5. FEI Number

061663708

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

ED MAINA

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

8440 NW 27 Place

Suite, Apt. #, Etc.

000073524040

05/01/06--01059--023 **450.00

City

SUNRISE FL

State

FL

Zip Code

33322

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

Date

4-11-06

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.	EDMOND A. MAINA	8440 NW 27 Place	SUNRISE, FL 33322
	my/26		

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:

EDMOND A. MAINA

Date

4-11-06

Daytime Phone #

954 270-1574