

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 15 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD3000079152

1. Corporation Name

Adler Insurance Inc.

2. Principal Office Address

6175 NW 153 Street

Suite, Apt. #, etc.

224

City & State

Miami Florida

Zip

33014

Country

US

3. Mailing Office Address

6175 NW 153 Street

Suite, Apt. #, etc.

224

City & State

Miami, Florida

Zip

33014

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

7/18/2003

5. FEI Number

651126045

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

Dselayda Vento

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

6175 NW 153 Street

Suite, Apt. #, Etc.

224

City

Miami

State

FL

Zip Code

33014

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

Dselayda Vento

REGISTERED AGENT MUST SIGN

Date 10/11/2004

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	Dselayda Vento	6175 NW 153 St. #224	Miami, FL 33014

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:

Dselayda Vento

10/11/04

Date

(305) 231-1747

Daytime Phone #

CR2E081 (01/04)