

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000079152

1. Entity Name  
ADLER INSURANCE INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 MAR -8 AM 8:05

Principal Place of Business  
6175 NW 153 STREET SUITE 224  
MIAMI, FL 33014

Mailing Address  
6175 NW 153 STREET SUITE 224  
MIAMI, FL 33014

REINSTATEMENT 06-07



2. Principal Place of Business - No P.O. Box #  
6625 Miami Lakes Drive

3. Mailing Address  
6625 Miami Lakes Drive

Suite, Apt. #, etc.  
Suite # 234

Suite, Apt. #, etc.  
Suite # 234

City & State  
Miami Lakes, FL

City & State  
Miami Lakes, FL

Zip  
33014

Country  
U.S.A

Zip  
33014

Country  
U.S.A

03072007 REIN-P CR2E098 (1/07)

4. FEI Number  
65-1126045

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VENTO, OSLAYDA  
6175 NW 153 STREET SUITE 224  
MIAMI, FL 33014

7. Name and Address of New Registered Agent

Name Vento Oslayda

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

6625 Miami Lakes Drive suite 234

City Miami Lakes

FL

Zip Code 33014

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

500093254865

03/18/07--01015--017 \*\*900.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME VENTO, OSLAYDA  
STREET ADDRESS 6175 NW 153 STREET SUITE 224  
CITY-ST-ZIP MIAMI, FL 33014 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME Vento Oslayda  
STREET ADDRESS 6625 Miami Lakes Drive suite # 234  
CITY-ST-ZIP Miami Lakes, FL 33014 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Oslayda Vento

3/7/07

(305) 915-1712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #