

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **04000159843**

1. Corporation Name

TRW Insurance, Inc.

2. Principal Office Address

5440 N. University Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Landerhill

City & State

Florida

Zip

33351

Country

US

Zip

33351

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11-19-04

5. FEI Number

71-0974412

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

PATRICIA REED

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

6780 NW 45th ST

Suite, Apt. #, Etc.

City

Landerhill,

State

FL

Zip Code

33319

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

Patricia Reed

Date **11-16-06**

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
President	Patricia Reed	6780 NW 45th ST	Landerhill, FL 33319

12/1/06
B

REINSTATEMENT

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:

Patricia Reed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-06

Date

Daytime Phone #

POK 2012

TRW INSURANCE
AUTO, HOMEOWNERS, & COMMERCIAL BUSINESS

President/Agent: *Patricia Reed*

5440 N. University Dr.

Lauderhill, FL 33351

Phone: (954) 747-5400

Fax: (954) 747-6597

Toll Free: (866) 747-5400

October 6, 2006

Division Of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Re: TRW INSURANCE INC. 71-0974412

Enclosed is a renewal check for my Corporations fees. I spoke with my tax person to find out why it is not active and she explained that I should have received a bill in the mail in which I never did. Please accept the amount of \$150.00 and reinstate status. I now know that this is required annually.

Thank you,
Patricia Reed