

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN 22 AM 4:14

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0500000 9075

1. Corporation Name

Delia m Izquierdo Insurance Agency INC

W09-27645

600156939266
06/09/09--01002--003 **450.00

KS

2. Principal Office Address - No P.O. Box #

34 GIRALDA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

34 GIRALDA AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33134

Country

MIAMI-DADE

City & State

CORAL GABLES, FL

Zip

33134

Country

MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

27-0113728

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

FRANCISCO S. VILLEGAS

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

100 ALMERIA AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

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
<u>Pres</u>	<u>Delia Izquierdo</u>	<u>34 GIRALDA AVE</u>	<u>CORAL GABLES FL 33134</u>

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:

Delia Izquierdo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/2009

Date

305 442-2182

Daytime Phone #