

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 SEP 22 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09182006 REIN-P CR2E098 (11/05)

4. FEI Number **56-250-7092** Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name **RAMOS, ISABEL**
Street Address (P.O. Box Number is Not Acceptable)
500 W OAKLAND PARK BLVD
City **WILTON MANORS** FL Zip Code **33311**

DOCUMENT # P05000046636

1. Entity Name
RAMBEL INSURANCE SOLUTION, INC.



Principal Place of Business
12515 N. KENDALL DRIVE
SUITE 416
MIAMI, FL 33186

Mailing Address
12515 N. KENDALL DRIVE
SUITE 416
MIAMI, FL 33186

2. Principal Place of Business
500 W OAKLAND BLVD
Suite, Apt. #, etc.

3. Mailing Address
500 W OAKLAND BLVD
Suite, Apt. #, etc.

City & State
WILTON MANORS, FL
Zip **33311** Country

City & State
WILTON MANORS, FL
Zip **33311** Country

6. Name and Address of Current Registered Agent

RAMOS, ISABEL
12515 N. KENDALL DRIVE
SUITE 416
MIAMI, FL 33186

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: DATE: **9/18/06**

Signature, typed name, and address of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PST** ☒ Delete
NAME **RAMOS, ISABEL**
STREET ADDRESS **12515 N. KENDALL DRIVE #416**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
NAME **RAMOS, ISABEL**
STREET ADDRESS **500 W OAKLAND PARK BLVD**
CITY-ST-ZIP **WILTON MANORS, FL 33311**

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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: SIGNATURE OF THE OFFICER OR DIRECTOR

9/18/06 (954) 598-0961

Date

Daytime Phone #

29/25