

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
2006 DEC 13 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P05000161769			
1. Entity Name ASSOCIATED INSURANCE APPRAISERS, INC.			
Principal Place of Business 18051 S.W. 158TH STREET MIAMI, FL 33187		Mailing Address 18051 S.W. 158TH STREET MIAMI, FL 33187	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GONZALEZ, LUIS A 18051 S.W. 158TH STREET MIAMI, FL 33187		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GONZALEZ, LUIS A 18051 S.W. 158TH STREET MIAMI, FL 33187 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000082581210 12/15/06--01057--014 **158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____		Date 12/8/06	Daytime Phone # (305) 389-0613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



11292006 REIN-P CR2E098 (11/05)

4. FEI Number **20-5363466** Applied For Not Applicable

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

B12 13/04

REINSTATEMENT