

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN 24 PM 4:35

DOCUMENT # P050000162534

1. Corporation Name

MILANES INSURANCE GROUP

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

9560 SW 107 AVE

3. Mailing Office Address

9560 S.W. 107 AVE.

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

203

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33176

Country

USA

Zip

33176

Country

U.S.A

900182578179
06/24/10--01034--011 **750.00

CR2B081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/2005

5. FEI Number

203963114

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

JORGE MILANES

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

9560 SW 107 AVE

Suite, Apt. #, Etc

SUITE 203

City

MIAMI

State

FL

Zip Code

33176

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 06/18/2010

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
P	JORGE C MILANES	14105 SW 81 AVE	MIAMI FL 33158

AR 2010 B 6/28/10

10. E-mail Address: JORGEMILANES@ALLSTATE.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

06/18/2010 7864134456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #