

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000115283

1. Corporation Name

YOUR INSURANCE SPOT, INC.

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

1066 N JOHN YOUNG PKWY

3. Mailing Office Address

1066 N JOHN YOUNG PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE

Zip

34741

Country

USA

Zip

34741

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

OCT. 19, 2007

5. FEI Number
26-1243270

☐ 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

MARIA ISABEL SHAFIE

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

1066 N JOHN YOUNG PKWY

Suite, Apt. #, Etc

City

KISSIMMEE

State

FL

Zip Code

34741

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

Date **08/02/2010**

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
P	MARIA ISABEL SHAFIE	1066 N JOHN YOUNG PKWY	KISSIMMEE, FL 34741
T	MOHAMMED SHAFIE	1308 W VINE ST	KISSIMMEE, FL 34741

10. E-mail Address: **YourInsuranceSpot@yahoo.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/02/2010 407-343-7768

Date

Daytime Phone #

10 AUG -5 PM 3:41

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FILED

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REINSTATEMENT
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