

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUL 14 AM 8:00
SECRETARY OF STATE
TALLahassee, FLORIDA

DOCUMENT # P08000107137

1. Corporation Name

Let us claim. Consultants
Insurance Inc.

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

15215 NE 18 AVE.

Suite, Apt. #, etc.

Suite # 60

City & State

North Miami Beach

Zip

33162

Country

FL

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

FL

Country

FL

REINSTATEMENT

10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

Dec. 2008

5. FEI Number

800315184

☒ 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

Ramon Rodriguez

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

431 NW 153 ST.

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33169

800182963528
07/06/10--01068--009 **\$00.00

07/21/10--01016--015 **\$43.75

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 6-30-10

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	Ramon Rodriguez	431 NW 153 st.	miami FL 33169
VP	Emelyn Ocasio	431 NW 153 st.	miami FL 33169

10. E-mail Address: letusclaim@gmail.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

Date

6-30-10

Daytime Phone #

7/24/10