

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 27 PM 1:50

DOCUMENT # **P93000001767**

1. Corporation Name

AAA BRIAR BAY INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

14229 S DIXIE HWY
MIAMI FL 33176

14229 S DIXIE HWY
MIAMI FL 33176



REINSTATEMENT **00**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/31/1992	
City & State		City & State		5. FEI Number	
Zip		Country		65-0384151	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	PASCALE, RONALD T	14229 S DIXIE HWY	MIAMI FL 33176

100003523731--1
-01/04/01--01094--022
****758.75 ****758.75

12/28

8. Name and Address of Current Registered Agent

REINHARD, SANFORD N.
2875 N.E. 191 ST.
SUITE 404
N MIAMI BEACH FL 33180

9. Name and Address of New Registered Agent

Name		
RONALD T. PASCALE		
Street Address (P.O. Box Number is Not Acceptable)		
14229 S. DIXIE HIGHWAY		
Suite, Apt. #, Etc.		
City		
MIAMI		
State	Zip Code	
FL	33176	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Sanford N. Reinhard* Date 12-21-00
REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: *Ronald T. Pascale*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-21-00 305.495.7648
Date Daytime Phone #