

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

FILED

REINSTATEMENT

02 OCT 30 PM 3:52

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DOCUMENT # P93000044830

1. Corporation Name

ALTIMA INSURANCE, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

9223 NW 41 MANOR  
CORAL SPRINGS FL 33065  
US

Mailing Address

9223 NW 41 MANOR  
CORAL SPRINGS FL 33065  
US



100008697591  
10/30/02--01050--003 \*\*150.00

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

06/18/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0423411

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MANOBIANCO, FRANCO	9223 NW 41 MANOS	CORAL SPRINGS FL 33065

*Brill*

8. Name and Address of Current Registered Agent

TEPPS, JEROME L  
3411 POWERLINE RD  
SUITE 701  
FT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name *Franco Manobianco*  
Street Address (P.O. Box Number is Not Acceptable)  
*9223 N.W. 41 Manor*  
Suite, Apt. #, Etc.  
City *Coral Springs* State *FL* Zip Code *33065*

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

*10/23/02*

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*954-444-9491*  
*10/23/02*  
Date Daytime Phone #

10/27/02

PREPARED BY	
DATE	

To: Whom it May Concern

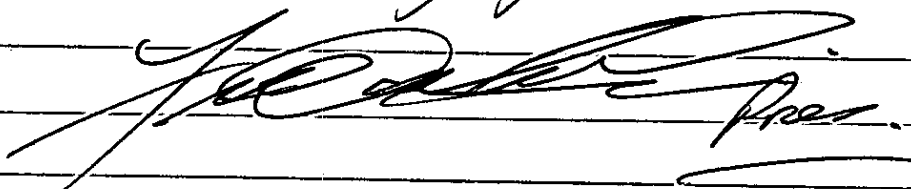
I Franco Manobianco  
President of Altima Ins.,  
Inc. would like to  
re-instate my 2002  
Filing Fee of \$150.00

P.S. I never Received any  
Information to pay for  
2002 Filing Fee of \$150.00  
Thank You for the  
reinstatement of My Corp.

P93000044830

Altima Insurance, Inc.  
Franco Manobianco, Pres.

Sincerely Yours.

  
Pres.