

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 MAY 13 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000076320**

1. Corporation Name
FLORIDA'S BEST INSURANCE, INC

Principal Place of Business Mailing Address
13644 STRD 84
DAVIE, FL 33325

100002187171--9
-05/21/97--01101--018
*******915.00 *****915.00**

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

2. New Principal Office Address, If Applicable
13644 STRD 84
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

City & State
DAVIE, FL
Zip
33325 Country
USA

City & State

5. FEI Number

650255692

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	MARGARET M. HOFF	133 SW 126 AVE	PLANTATION, FL 33325
V. PRES	RICHARD HOFF	133 SW 124 AVE	PLANTATION, FL 33325

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A. Alan
5/13/97

8. Name and Address of Current Registered Agent

MARGARET M. HOFF
13644 STRD 84
DAVIE, FL 33325

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/12/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **5/12/97**

Date

Daytime Phone #

854 474-4900

CR2E040 (12/96)