

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

98 NOV 25 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000079299

1. Corporation Name

8TH & 8TH INSURANCE ASSOCIATES, INC.

Principal Place of Business

Mailing Address

764 SW 8TH ST
MIAMI FL 33130

764 SW 8TH ST
MIAMI FL 33130

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

11/17/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0454212

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GONZALEZ, ARMANDO R	764 SW 8TH ST	MIAMI FL 33130
D	JIMENEZ, DAISY	764 SW 8TH ST	MIAMI FL 33130

500002787555--0
-12/09/98--01074--047
***150.00 ***150.00

11/30

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, ARMANDO R
5775 SW 72 AVE.
MIAMI FL 33143

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

Armando R. Gonzalez
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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.

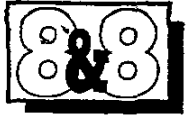
SIGNATURE:

Armando R. Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 856-7799
Daytime Phone #

CR2E040 (8/93)



INSURANCE ASSOCIATES, INC.

764 S.W. 8th Street - Miami, Florida 33130 - Phone: (305) 856-7799 - Fax: (305) 856-7119

Miami, Florida

November 14, 1998

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Att: Tyrone Scott

To Whom It May Concern:

Please be advised that we did not receive the 1998 annual report from the division of corporations at our office, 8th & 8th Insurance Associates, Inc. and that is the reason why this was not paid in a timely matter.

Enclosed you will find payment in the amount of \$150.00.

Sincerely,

Armando R. Gonzalez/Registered Agent

