

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR *96*
REINSTATEMENT



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

APPROVED
AND
FILED

96 NOV 14 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000028489**

1. Corporation Name

A LINE INSURANCE INC.

Principal Place of Business

Mailing Address

~~3702 NW 112TH AVE~~
MIAMI FL 33172

~~3702 NW 112TH AVE~~
MIAMI FL 33172

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

2. New Principal Office Address, If Applicable

9500 NW 12ST #4

3. New Mailing Office Address, If Applicable

9500 NW 12ST

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

#4

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33172

Country

USA

Zip

33172

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/13/1994

5. FEI Number

65-0481236

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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	BEGUINSTEIN, ALBERTO J	3702 NW 112TH AVE 5901 SW 88 ST	MIAMI FL 33172 33156

000002008760--7
-11/19/96--01159--018
*****375.00 *****375.00

REINSTATEMENT 1996

A. Alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent 11-14-96

BEGUINSTEIN, ALBERTO J.
5901 SW 88 ST
MIAMI FL 33156

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 Required
REGISTERED AGENT MUST SIGN

Date 11/4/96

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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALBERTO BEGUINSTEIN

11/4/96
Date

305 477000
Daytime Phone #